

Title of proposed EIA	Vulnerable Adults Support Disabilities & Mental Health Services
Reference No	EQUA699
EA is in support of	New Function
Review Frequency	Two Years
Date of first review	09/01/2023
Directorate	Adults Social Care
Division	Commissioning
Service Area	Prevention and Community Assets
Responsible Officer(s)	<input type="checkbox"/> Jason Bartlett
Quality Control Officer(s)	<input type="checkbox"/> Gordon Strachan
Accountable Officer(s)	<input type="checkbox"/> Kalvinder Kohli
Purpose of proposal	Commissioning of Vulnerable Adults Support Disabilities & Mental Health Services
Data sources	Survey(s); Consultation Results; Interviews; relevant reports/strategies; Statistical Database (please specify); research
Please include any other sources of data	Consultation Results, interviews, meetings with stakeholders and providers, performance data, contractual data, Census data, health data, POPPI and PANSI data and market intelligence from existing providers and service users

ASSESS THE IMPACT AGAINST THE PROTECTED CHARACTERISTICS

Protected characteristic: Age

Age details:

Service Users / Stakeholders; Employees; Wider Community

The services to be commissioned for disabilities and mental health represent an intersectionality across the protected characteristics; it is important to be aware and have understanding, as many overlap and have interdependent systems of potential discrimination or disadvantages.

Covid-19 has highlighted the inequalities in health and wellbeing in the UK. Services commissioned for disabilities and mental health will ensure collaborative partnerships are formed and appropriate pathways are engaged assisting vulnerable adults to access relevant agencies, therefore providing an enhanced support offer.

This will ensure any needs arising as a result of protected characteristics for example Age, gender, disability, faith, LGBT, etc; are appropriately addressed.

All services commissioned will be tested for diversity competence and must demonstrate adherence to the Equality Act and other relevant legislations as part of the tender process and contract awards. This includes organisational policies and procedures, through to staff training and competencies in being able to meet the diverse needs of Birmingham Citizens accessing these services.

Age details:

The service users will be of working age (18 plus) and older adults.

Service User Impact:

The intended impact is positive.

Vulnerable adults with disabilities or mental health conditions are to be supported to live healthy happy, independent lives within communities. A whole life course approach is being adopted wherever possible to positive transitions for young people to adult based services.

Tailored support is offered for working age and older adults through to end of life. It is intended that an individual will be able to access the right support, at the right time in their life course enabling an early response/intervention to people who are at risk of, prolonged hospitalisation, debt, losing independence, going into statutory care, their home, no access to health, or beginning to have difficulties in managing their home.

Services will provide a range of support options from online advice and information for the younger adult population, who are perhaps more familiar with modern technology. Telephone or face to face support may be more appropriate for some of the adult population, who may find it difficult to navigate technology such as websites and gain the information they need. Covid has highlighted the need to offer a hybrid service, offering service users a choice of how they prefer to access and receive support. Accommodation Support will largely be face to face.

The aim of these services is to avoid, reduce or delay the needs of costly, statutory services; where possible for the working age and older population.

Impact Upon Employees:

The services will be commissioned externally. The current services are delivered predominantly via third sector charitable, community or registered housing providers. The frontline workforce is predominantly local to Birmingham.

Compliance with the Living Wage requirements is expected as part of the contract awards. Organisations within the sector also have a track record of providing employment opportunities for people with lived experience. Enabling citizens furthest away from the labour market to access paid work. The re-commissioning will enable continued employment opportunities.

Whilst there is no direct de-commissioning of any service, there is a re-design and re-alignment against the pathway. As with any external re-commissioning/tendering activity there is a potential for a change of providers.

TUPE may apply. However, at this stage it is difficult to predict any further implications.

Wider Communities:

Vulnerable adults will be supported to live independently within communities with their relevant support needs being met. The intention being that citizens accessing the proposed commissioned services are also supported to gain access to a wider support and activity offer close to where they live, creating greater levels of independent community resilience, being able to make a positive contribution to their community, and overcoming isolated dependency on one support agency.

Monitoring and Evaluation of the re commissioning process:

A risk log will be maintained throughout the re commissioning process, mobilisation and delivery of the new contracts. This will enable any adverse impacts, whether they be negative or against the protected characteristics or other vulnerabilities to be identified, addressed or mitigated against.

Protected characteristic: Disability

Disability details:

Service Users / Stakeholders; Employees; Wider Community

Disability details:

All service users will have some form of disability including, physical, sensory, learning and mental health issues.

Around 1.5 million people in the UK have a learning disability. It's thought up to 350,000 people have a severe learning disability. This figure is increasing. - <https://www.nhs.uk/conditions/learning-disabilities/annual-health-checks/>

At least half of all adults with a learning disability live in the family home – meaning that many don't get the same chances as other people to gain independence, learn key skills and make choices about their own lives. Less than a third of people with a learning disability have some choice of who they live with, and less than half have some choice over where they live. The majority of people in supported accommodation had no choice over either who they lived with or where they lived. Nationally around 1.8 million households (around 4 million people) are in social housing, and people with learning disabilities are seen as low priority in social housing. https://www.mencap.org.uk/sites/default/files/2016-08/2012.108-Housing-report_V7.pdf

The 2018 Learning Disabilities Mortality Review (LeDeR) found the median age at death was 60 for men and women, for those (aged 4 and over) who died April 2017 to December 2018. This is significantly less than the median age of death of 83 for men and 86 for women in the general population.

1 million adults in England accessed long-term or short-term social care support in England in 2017/18. For 150,100 of these adults, a learning disability was the main reason they needed support.

Of these adults:

- approximately 147,920 accessed long-term support
- approximately 2,180 completed short-term support designed to maximise their independence (NHS 2018).
- People with a learning disability are 58 times more likely to die aged under 50 than other people. Around 10 times as many people with a learning disability die of preventable causes as people in the general population.
- Physical inactivity is a major contributing factor in the deteriorating physical health of people with learning disabilities and other disabilities – which leads to obesity, poor cardio-respiratory fitness, poor muscle strength, poor coordination, balance and flexibility.
- 75% of GPs have received no training to help them treat people with a learning disability.
- Adults are recommended to take part in 150 minutes of moderate aerobic exercise per week (NHS). The Active Lives Survey found that only 43% of people with a learning disability do at least 150 minutes of exercise a week, compared to 67.4% of people with no disability. 44% of people with a learning disability took part in less than 30 minutes of exercise a week (Sport England, 2018) various barriers such as inactivity, funds, inclusive facilities are contributing factors

<https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/social-care-research-and-statistics>

People with learning disabilities are more likely to have other physical health problems such as obesity and diabetes, and certain kinds of learning disability, such as Down's syndrome, can make people more vulnerable to respiratory infections, which can increase their risk of dying from COVID-19.

People with learning disabilities are likely to have had difficulty recognising symptoms of COVID-19, or following government advice about getting tested, self-isolation, social distancing and infection prevention and control. It may also be more difficult for people caring for them to recognise the onset of symptoms if they cannot be communicated. <https://www.gov.uk/government/news/people-with-learning-disabilities-had-higher-death-rate-from-covid-19#:~:text=People%20with%20learning%20disabilities%20are,from%20COVID%20disease,from%20COVID%20disease>

A recent consultation carried out by providers for BCC commissioners found that Citizens were reporting that they felt there was not enough specialism for adults in the city to deal with the needs of those on the autistic spectrum. This research is still being analysed and will inform future commissioning.

Many of those responding to our survey reported that they were often supported by mental health services; they felt that these did not meet their needs. Many Citizens with Autism are being supported by mental health services in the third sector who do not always have either enough or appropriately trained staff to be able to support those affected with autism even when there is a mental health issue present. Anxiety affects 42% of autistic children and 54% of Adults with Autism according to [Autistica](#). It is therefore likely that many people living with Autism spectrum disorders will seek some support for mental health. However, there seems to be very little consideration to the need to understand Autistic Spectrum disorders in the treatment and support of Autistic individuals experiencing all levels of mental health issues.

During the height of the Covid-19 restrictions, BCC provided funding to a wide demographic in Birmingham to support people with LD and Autism to engage in drama and dance, this was a very successful project and provided those with LD and Autism with the opportunity to stay connected to other people, with people that understand their needs and their condition. This simple but effective intervention reduced the risk of increased mental health issues, reduced the risk of Autistic adults going out into the community and placing themselves at risk of contracting Covid-19, which in turn reduced the risk of them being hospitalised. The link below shows that citizens with LD and Autism were one of the groups disproportionately affected by Covid-19 physically. See link below

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/93361/19_learning_disabilities_mortality_report_easy_read.pdf

Vulnerable adults with disabilities or mental health conditions are to be supported to live healthy happy, independent lives within communities. A whole life course approach is being adopted to ensure positive transitions for young people to adult based services, with tailored support for working age and older adults throughout their life.

It is intended that an individual will be able to access the right support, at the right time in their life course. Enabling an early response/intervention to people who are at risk of, prolonged hospitalisation, debt, loss of independence, going into statutory care, losing their home, no access to health, or beginning to have difficulty managing their home. It will also ensure consistency for service users who may need longer term support services those with a learning disability.

The aim of these services is to avoid, reduce or delay the needs or costly, statutory services where possible. It is estimated that around 40% of people with learning disabilities also have mental ill-health. This is more than double the number in the general population. ([skillsforcare.org.uk](https://www.skillsforcare.org.uk)).

People with learning disabilities, and people who are deaf, have higher rates of mental health problems than the general population, with estimates for people with learning disabilities, from 25–40%. Challenging behaviour (aggression, destruction, self-injury and others) are also evident for 10%–15% of people with learning disabilities and, consequently they are over-represented in the criminal justice system. People with learning disabilities are vulnerable to violence and abuse. (<https://www.learningdisabilities.org.uk/>)

As with other socially disadvantaged groups, access to appropriate services has been problematic and people typically fall between mental health services and learning disability services.

Autism has been identified as an area that needs to be addressed, but there are robust wider health pathways that provide appropriate support. Therefore, we will ensure that the commissioned services are of the pathways that make appropriate referrals. The intention is to further develop partnership working and that a service user can receive support at any one time from a range of providers if required.

The importance in terms of improving outcomes and facilitating access to support/care pathways and services within the City needs to be coordinated and the purpose of the recommissioning of these services is to not create a new pathway but to link in with existing pathways to ensure that citizens are aware of all the support that is available and how to access it and for providers to understand what each other delivers and to make appropriate referrals.

The design of the specifications focus upon personalised support delivery, which will take into account the needs of the individual and engage with relevant agencies that provide a further enhanced and proficient support offer.

Commissioned Services will be aware of intersectionality, providing support where a mixture of discrimination (racism, gender, transphobia, homophobia, etc) is present. They will work with other services, through partnership boards and steering groups; joining pathways to help contest the many forms of discrimination which are preventing vulnerable adults from thriving.

The services will seek to offer personalised support that will enable the individual to live a happy life in their community.

Protected characteristic: Sex

Gender details:

Service Users / Stakeholders; Employees; Wider Community; Not Applicable

Services will be non-gender specific and there will be a positive impact as services recognise the wider range of gender identity that is emerging, whilst ensuring that everyone has the same opportunity to access appropriate support.

Issues such as gender realignment or identifying appropriate gender may cause anxiety, distress and have an impact on emotional wellbeing. These services will be able to support people if they are faced with such issues.

Women are more likely to have been treated for a mental health problem than men 26% compared to 9%). Depression is more common in women than men. 1 in 4 women will require treatment for depression at so compared to 1 in 10 men.

Men are more likely than women to have an alcohol or drug problem. 67% of British people who consume at 'hazardous' levels, and 80% of those dependent on alcohol are male. (<https://ramh.org.uk>)

According to the office for national statistics 1.3 million women and 695,000 men experience domestic viol each year.(<https://www.ons.gov.uk/>)

Research suggests that women experiencing domestic abuse are more likely to experience a mental health problem. Women who are experiencing domestic abuse are also nearly three times more likely to have a hi mental illness. (<https://www.birmingham.ac.uk/news/latest/2019/06/domestic-abuse-mental-illness-birmingham.aspx>)

The Services are accessible to all genders with a commitment to addressing their personalised support nee applying a holistic approach to their wellbeing.

As part of the support planning process and allocation of support staff, service users are able to request m female workers where it is appropriate to do so in the best interest and outcomes for the service user.

Protected characteristics: Gender Reassignment

Gender reassignment details:

Service Users / Stakeholders; Employees; Wider Community

Gender reassignment is not a barrier to access support. The Services commissioned will ensure all people i services who identify as transgender, non-binary or intersex are treated with respect and dignity throughout support and will be able to access the same support, and be offered the same opportunities whilst ensuring have a personalised approach as any other gender.

Protected characteristics: Marriage and Civil Partnership

Marriage and civil partnership details:

Service Users/ Stakeholders; Employees; Wider Community

Marital Status will not act as a barrier when accessing the services. Both single and couples can access the assessment for support as those who are married or have a civil partnership.

Protected characteristics: Pregnancy and Maternity

Pregnancy and maternity details:

Service Users / Stakeholders; Employees; Wider Community

More than one in five women develop a mental illness during this time and if untreated these illnesses can devastating impact on women and their families. This includes mental illness existing before pregnancy, as illnesses that develop for the first time, or are greatly exacerbated in the perinatal period. (<https://www.rcog.org.uk/globalassets/documents/patients/information/maternalmental-healthwomens-vc>)

The NHS Long Term Plan builds on the commitments outlined in the Five Year Forward View for Mental He; transform specialist PMH services across England. Aims to ensure that by 2023/24, at least 66,000 women v moderate/complex to severe PMH difficulties can access care and support in the community. <https://www.england.nhs.uk/publication/implementing-the-fyfv-for-mental-health/>

<https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

Providers to be commissioned for disabilities and mental health will promote their services to midwives, GF health visitors; linking into early intervention pathways. Where the needs present as crisis, referrals will be i the appropriate statutory mental health teams.

Protected characteristics: Race

Race details:

Service Users / Stakeholders; Employees; Wider Community

Black British men: are five times more likely to be diagnosed and admitted to hospital for schizophrenia; ha disadvantageous pathways into mental healthcare; higher than expected rates of detention under the Men Health Act (MHA) are more likely to be prescribed medication; and have difficulties accessing services and j outcomes when they do (Lankelly Chase, 2014)

People from BAME communities are more likely to be disadvantaged in accessing support and overall, peo these communities have particularly low treatment rates.

This will be addressed by services working to deal with the diverse needs of BAME communities, addressing lack of trust in public services, language barriers or previous negative experiences of those services. <https://www.mind.org.uk/media/6484/race-equality-briefing-final-oct-2020.pdf>

Refugees are people whose asylum claims have been accepted and the estimates cited in the Birmingham i Sanctuary Policy Statement 2018-22 indicate there are 48,000 refugees living in Birmingham, although thes estimates are not based on current data. A number of people who have recourse to public funds can have i the services.

Services will have a positive impact on race as they will ensure that everyone has access to the appropriate and links with BAME partner organisations; encouraging take up of support and addressing any language t For example, case studies and interviews demonstrate how the Neighbourhood Network Service (NNS) sup assets to provide much needed, tailored support for communities who have felt isolated or overlooked.

	<p>The inclusive strategy of NNS ensures that all funded assets are designed to be inclusive and welcoming to people regardless of ethnicity, and other protected characteristics (Ethnic Minority Groups Supported by N P&C, BVSC April 2021). A key feature of specifications will be for providers to develop robust links with this</p>
Protected characteristics: Religion or Beliefs	Service Users / Stakeholders; Employees; Wider Community
Religion or beliefs details:	<p>Religion or beliefs will not be seen as a barrier when accessing these services. As for race a key feature of specifications will be for providers to develop robust links with the Neighbourhood Network Service.</p> <p>Faith-based organisations are key partners in the NNS. NNS has raised awareness of their contribution. The organisations representing different faiths and beliefs into local partnership arrangements. NNS capacity-b equality and diversity training ensure; partnerships and organisations work in a way, which is inclusive and respectful of different faiths and beliefs, and that local activities are inclusive of the needs of faith-based communities.</p>
Protected characteristics: Sexual Orientation	Service Users / Stakeholders; Employees; Wider Community
Sexual orientation details:	<p>Sexual orientation will not be a barrier when accessing the programme. With the strong link required to co- assets by these services, local groups for LGBTQ+ citizens can be identified and accessed. In addition, providers be expected to deliver equality and diversity training; ensuring that local assets and support will be accessible LGBTQ+ citizens and inclusive of their needs.</p>
Socio-economic impacts	<p>The commissioning will have a range of positive socio-economic impacts including:</p> <p>Support for service users to access training or education will help them to improve and gain new skills increase the opportunity of seeking employment.</p> <p>Social value is key to the commissioning and represents 20% of the evaluation of tenders.</p> <p>Service users can access support to better manage their finances and access all appropriate benefits reducing risk of falling into poverty.</p> <p>Support will be provided for service users to understand the impact of their behaviour on the wider community, the wider community to understand more about their vulnerabilities. This will enhance community safety for the individual and wider community.</p>
Please indicate any actions arising from completing this screening exercise.	Not as a result of this screening. As mentioned in the above sections a risk impact log will be maintained throughout the re commissioning process which will enable oversight of any negative impacts in relation to protected characteristics to be identified and addressed.
Please indicate whether a full impact assessment is recommended	YES
What data has been collected to facilitate the assessment of this policy/proposal?	Consultation Results, interviews, Meetings with stakeholders and providers, performance data, contractual data, Census data, health data, POPPI and PANSI data and market intelligence from existing providers and service
Consultation analysis	
Adverse impact on any people with protected characteristics.	NO
Could the policy/proposal be modified to reduce or eliminate any adverse impact?	N/A
How will the effect(s) of this policy/proposal on equality be monitored?	Contractual and monitoring data including; number of clients, hours utilized, referral details, profile data and outcome data.
What data is required in the future?	Contractual and monitoring data including; number of clients, hours utilized, referral details, profile data and outcome data.
Are there any adverse impacts on any particular group(s)	No
If yes, please explain your reasons for going ahead.	NO
Initial equality impact assessment of your proposal	Not as a result of this screening. As mentioned in the above sections a risk impact log will be maintained throughout the re commissioning process which will enable oversight of any negative impacts in relation to protected characteristics to be identified and addressed
Consulted People or Groups	
Informed People or Groups	
Summary and evidence of findings from your EIA	Not as a result of this screening. As mentioned in the above sections a risk impact log will be maintained throughout the re commissioning process which will enable oversight of any negative impacts in relation to protected characteristics to be identified and addressed
QUALITY CONTROL SECTION	
Submit to the Quality Control Officer for reviewing?	No
Quality Control Officer comments	
Decision by Quality Control Officer	Proceed for final approval
Submit draft to Accountable Officer?	No
Decision by Accountable Officer	Approve

Date approved / rejected by the Accountable Officer

Reasons for approval or rejection

Please print and save a PDF copy for your records

Julie Bach

Person or Group

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27/05/2021

An equalities risk log will be maintained for this commissioning activity which will run through to mobilisation contract monitoring. The impacts of this commissioning are positive for this cohort of vulnerable adults

Yes

☐ Gordon Strachan

☐ Jason Bartlett

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