



Equality Impact Assessment (EIA)

1. Topic of assessment

EIA title	Implementing a strategic commissioning approach to the accommodation with care and support needs of adults with a mental health and/or substance misuse problem
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EIA author	Jane Bremner
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2. Approval

	Name	Date approved
Approved by	Mike Boyle	26/06/2019
	ASC Directorate Equalities Group	26/06/2019

3. Quality control

Version number	V.1	EIA completed	
Date saved		EIA published	

4. EIA team

Name	Job title	Organisation	Team role
Caroline Lapwood	Project Officer	Surrey CC ASC	
Jane Bremner	Senior commissioner	Surrey CC ASC	

5. Explaining the matter being assessed

What policy, function or service is being introduced or reviewed?

Background

Now and in the coming years, Surrey County Council ('SCC') faces unprecedented financial challenges in meeting care and support needs in Surrey. In response to some of these challenges our [accommodation with care and support strategy](#) sets out the overarching approach for all accommodation based services we commission and provide for residents of Surrey.

As part of this work, we are looking at the accommodation with care and support ('AWCS') needs for people with a mental health and/or substance misuse problem. The recently published [market position statement](#) outlines a summary of current supply and demand and provides an overview of the current market and where there are gaps in provision. One such gap that has been identified is for people who have complex needs, for example, a mental health problem alongside physical health needs or autism.

Review of the commissioning and procurement of supported living services for adults with a mental health and/or substance misuse need

The County Council is working with providers, health commissioners and district and borough councils to stimulate the market to develop new accommodation with care and support that meets the identified needs of our residents. We want people to be able to access the right accommodation with care and support that allows them to:

- Have access to appropriate specialist accommodation that supports their recovery and promotes independence and integration into the community
- Stay in Surrey and within their own communities and networks
- Meet the range of needs of people with severe and enduring mental health and/or substance misuse problems

Accommodation with care and support is integral to recovery from mental health and/or substance misuse needs. Mental health teams report issues and challenges with securing appropriate accommodation with care and support at a consistent price. This leads to placements out of county, variations in costs and people being unable to 'step down' from expensive high support services to medium/low support services.

	<p>Specifying the requirements for supported living</p> <p>The specification for the provision of supported living services has been co-designed with Surrey people who use services and carers, service providers and mental health workers, uses national academic research and contains clearly defined outcomes for users of the service. It also includes the need for services to offer safe, homely living environments and to deliver support to develop life skills and coping skills which let an individual follow a supported pathway to social inclusion and sustained recovery.</p> <p>It is important to note that most people with a mental health and / or substance misuse need will be living independently and will be supported by family and friends, primary care, the voluntary sector and/or specialist services in the community. They will not be in need of specialist accommodation with care and support services and therefore will not be included in this equality impact assessment.</p>
<p>What proposals are you assessing?</p>	<p>This document is to assess the impact on people with protected characteristics of the implementation of a strategic, whole systems commissioning approach for accommodation with care and support for adults with a mental health and/or substance misuse needs.</p> <p>The priority for this area of delivery is to ensure that sufficient high quality, affordable accommodation with care and support is available and that it meets the service user's needs and enables them to achieve their identified outcomes towards recovery.</p>
<p>Who is affected by the proposals outlined above?</p>	<p>The proposed service will be provided to adults aged 18 and over who:</p> <ul style="list-style-type: none"> • Have an identifiable mental health and/or substance misuse issue • Have a demonstrable need for a level of support that can be provided in an supported living setting • Are resident and eligible for a service in Surrey • Demonstrate a willingness to participate in a support plan which enables a move to independence <p>Others affected by the proposals above include:</p> <ul style="list-style-type: none"> • Carers/family members of the above people who use services • Providers of the proposed services detailed above

6. Sources of information

Engagement carried out

A number of service user and service provider engagement events were held, which were facilitated by adult social care, clinical commissioning group and Surrey and Borders NHS mental health partnership trust representatives.

These include a service user focus group held at Change Grow Live in February 2017, meetings with people who use services at three different supported living establishments in the summer of 2018 and a focus group meeting in June 2018 with the Independent Mental Health Network (IMHN), which included people who use services and carers. Additionally, the IMHN were involved on an ongoing basis via their regular meetings.

In addition, market engagement events held in October 2017 and March 2018 captured the views of service providers, mental health practitioners and the voluntary sector. The main themes that emerged were:

- Stigma and negative attitudes around mental illness remain, and people living with mental health needs are still subject to discrimination.
- The importance of having kind, trained and helpful staff that offer support and encouragement.
- The need for there to be a focus on wellness and recovery and support for the individual to achieve their goals.
- The importance of living in a welcoming environment and wider welcoming community.
- The importance of peer to peer support and service user involvement.
- Properties should be wheelchair accessible and suitable for people with physical disabilities.

There will be ongoing partnership working with the IMHN around the area of quality assurance. There is an expectation that visitors from the Independent Mental Health Network will be welcomed by providers, as planned and appropriate, to support development of services and best practice.

Data used

Number of participants in service user and IMHN focus group research.

Host	date of event	number of participants
Change Grow Live	16/02/2017	3
Independent MH Network	06/06/2018	6
Move to Independence Service	12/06/2018	3
Together	14/08/2018	2
Comfortcare	23/07/2018	7

Number of organisations and participant attendees at Market Engagement Events

Date of Market Engagement Event	Number of organisations	number of participants
04/10/2017	28	54
23/03/2018	18	42
12/11/2018	28	41

In addition to the qualitative research, a comprehensive review of the quantitative data for this project is contained within the Accommodation with Care and Support Mental Health/Substance Misuse Summary Report 2017 which informed the market position statement, available at:

https://www.surreycc.gov.uk/__data/assets/pdf_file/0019/157150/Accommodation-with-care-and-support-mental-health-statement.pdf

It used the following data sources:

Adult Psychiatric Morbidity Survey (2007)
 Mental Health Public Value Review 2012
 Mental Health Accommodation Services Report 2013
 The Mental Health & Housing Protocol 2016
 Emotional Wellbeing & Adult Mental Health Strategy 2014-2017
 Surrey Substance Misuse Strategy
 “A Place for Everyone”: Surrey Mental Health & Social Inclusion Strategy, 2012-2015

In addition reference was made to the following published reports when devising the service specification:

Mental Health Foundation ‘Mental Health and Housing’ Policy Paper 2016
 Age UK ‘Hidden in plain sight. The unmet mental health needs of older people’ October 2016
 Killaspy H et al ‘Quality of life, autonomy, satisfaction, and costs associated with mental health supported accommodation services in England: a national survey’ Lancet Psychiatry 2016; 3: 1129–37
 NIHR research on support for people with severe mental illness: March 2018 Themed Review ‘FORWARD THINKING NIHR research on support for people with severe mental illness.’
 Krotofil, J., McPherson, P., & Killaspy, H. (2017, In press). Service user experiences of specialist mental health supported accommodation: A systematic review of qualitative studies and narrative synthesis. Health & Social Care in the Community. DOI:10.1111/hsc.12570

7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and people who use services with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence																								
<p>Age</p>	<p>Existing provision is generally designed to meet the needs of working age adults. As services users age and may need or chose to move to other more age appropriate facilities, the service provider would be expected to support them in finding suitable accommodation.</p> <p>The market position statement identifies that any new provision should also be designed to meet the needs of an aging population, building to meet their needs around accessibility and adaptations.</p>	<p>None identified.</p>	<p>Data about currently funded people who use services was collated from case lists during February 2017 and provided by commissioners working in Surrey County Council (SCC) Public Health, SCC Transitions, SCC Children’s Social Care, Surrey & Borders Partnership Trust Community Mental Health and OP Mental Health Teams, NHS England and CCGs.</p> <p>People in housing related support only were excluded from the data set.</p> <p>Age and gender:</p> <p>Dataset: 505 people 37% were female and 61% of the total were male, with 2% non-binary or not recorded.</p> <table border="1" data-bbox="1346 1070 2107 1374"> <thead> <tr> <th>Age Range</th> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Under 18</td> <td>7</td> <td>1.4%</td> </tr> <tr> <td>18-20</td> <td>13</td> <td>2.6%</td> </tr> <tr> <td>21-24</td> <td>47</td> <td>9%</td> </tr> <tr> <td>25-39</td> <td>120</td> <td>24%</td> </tr> <tr> <td>40-59</td> <td>232</td> <td>46%</td> </tr> <tr> <td>60-64</td> <td>52</td> <td>10%</td> </tr> <tr> <td>65+</td> <td>34</td> <td>7%</td> </tr> </tbody> </table>	Age Range	Number	%	Under 18	7	1.4%	18-20	13	2.6%	21-24	47	9%	25-39	120	24%	40-59	232	46%	60-64	52	10%	65+	34	7%
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		<p>The service specification and performance monitoring requirements outline expectations for providers around all equalities issues, including:</p> <ul style="list-style-type: none"> • Services that provide opportunities to everyone who is eligible, regardless of but responsive to, ethnicity, gender, sexual orientation, religion, past history, level of disability or diagnosis. • Equalities training for all staff • Compliance with accessible information standard • Services to accessible to all people with a serious mental illness. This includes people with protected characteristics as identified in the Equality Act 2010. It also includes 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. <p>Between 2016 and 2026 the ONS project that the Surrey population will increase by about 8.3%, which is 98,000 people. The greatest increase will be among children aged 10 – 19 and people over 55 years of age. By 2036 the adult population of 18-64 year olds in Surrey is expected to increase by about 6% (42,300 people) from in 2016 – to approximately 743,867.</p> <p>There is an expected increase in the older population aged 65 of 7.1% in 2020 based on 2016 figures. By 2030, this number is expected to increase by 33.9% to 298,300 (source POPPI).</p>
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			<p>This projected rise in the adult population in Surrey and the ageing population, is likely to lead to an increase in the prevalence of mental health problems, and in turn projected use of services. (source: Joint Strategic Needs Assessment (JSNA) Wellbeing and Adult Mental Health)</p>
<p>Disability</p>	<p>The specification sets out clear expectations how people with serious mental illness and/or substance misuse will be offered personalised support and receive services that are recovery focused. The providers will be subject to ongoing monitoring and will have to evidence clear understanding, knowledge and experience in supporting people within the client group.</p> <p>Providers will be expected to support people who use services in accessing health checks and local smoking cessation services together with any other local healthy living provision, such as the healthy walks scheme.</p>	<p>There is a risk that not all accommodation will be fully accessible for wheelchair users. In the short term this would mean only a provider with accessible accommodation being commissioned, reducing the choice available to the client.</p>	<p>Surrey has a slightly higher excess mortality rate in adults with serious mental illness. Poor mental health can lead to a poor lifestyle and increased risk taking behaviours such as excessive drinking, smoking, poor nutrition and lack of exercise. These are risk factors for serious physical illness, particularly coronary heart disease and cancers. The prevalence of these modifiable risk factors is much higher for people with mental health problems and increases with the severity of the mental health problem. People with common and more serious mental health needs have lower life expectancy and a 0.7 and 3.6 times higher mortality rate (respectively), than those without mental health needs. People with schizophrenia and bipolar disorder die an average 15-20 years earlier than the general population – they have 4.1 times overall risk of dying prematurely; have 3 times the risk of dying from Coronary Heart Disease (CHD) and a 10 fold increase in respiratory disease deaths.</p> <p>People with 1 long term condition are two to three times more likely to develop depression; people with 3 or more long term conditions are seven times more likely. (Source: JSNA). Increasing evidence suggests that people with disabilities experience poorer levels</p>

			of health than the general population (WHO 2011 World Report on Disability).
Gender reassignment	Support providers will be expected to provide opportunities and be responsive to the needs of transgender people.	Accommodation will be for both men and women with shared facilities such as bathrooms and communal living accommodation. It may not be suitable for some people undergoing transition or reassignment surgery.	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 (source: JSNA Wellbeing and Adult Mental Health)
Pregnancy and maternity	Current provision is not designed for expectant or new mothers, but service providers would be expected to support the woman to access ante natal care and support the woman to find more appropriate accommodation for mother and baby.	There is a risk that a woman who becomes pregnant whilst living in the accommodation would have to move following her baby's birth. She would be supported by her care coordinator and service provider to find alternative accommodation, and support with parenting if necessary.	
Race	Providers will be expected to provide opportunities to everyone who is eligible regardless, but responsive to ethnicity and race.	The needs of the traveller and Romany community may not be met by this type of service provision.	Rates of mental health vary by ethnicity. The Data visualisation 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 (CMD) and White

			<p>females and other mixed and multiple ethnic groups are more likely to experience suicidal thoughts.</p> <p>The majority of the Surrey adult population (83.5%) reported their ethnic group as “White British” in the 2011 Census; other white ethnic groups; “Irish, “Gypsy or Irish Traveller” and “Other White” (6.9%), then “Indian” (1.8%) followed by Pakistani (1.0%). Surrey has a significantly lower than England percentage of mixed/multiple 2.08.2.25, Asian or Asian/British 5.6 vs 7.8, Black of Black/British 1.1 vs 3.5 and other ethnic groups 0.8 vs 1.0 (2011) and ranks 3rd highest among its CIPFA neighbours (CIPFA range: 2.5 – 14.6) For other ethnic groups Surrey is the highest among its CIPFA nearest neighbours. Hence. Surrey likely to have more ethnic groups suffering with mental health issues.</p> <p>(source: JSNA Wellbeing and Adult Mental Health)</p>
Religion and belief	Providers will be expected to provide opportunities to everyone who is eligible regardless but responsive to religion. In addition they will be expected to encourage and support people to access local faith groups as appropriate	No single sex accommodation is planned. The service provision may not be suitable for people whose religion forbids men and women who are not related to each other to live together.	
Sex	Accommodation will be for both men and women. Accommodation must have	No single sex accommodation is planned. The service	

	sufficient bathroom facilities for residents and have bedrooms that can be locked internally to afford privacy.	provision may not be suitable for survivors of sexual abuse.	
Sexual orientation	Providers will be expected to provide opportunities to everyone who is eligible regardless but responsive to a person's sexual orientation. In addition the support providers will be expected to encourage and support people to access appropriate local LGB&T groups.	None identified	There are an estimated 11 286 people who are gay or lesbian and 5 643 people who are bisexual in Surrey, based on the England estimates. There is no equivalent data for people who are transgender. The evidence base shows that people who LGB&T are at higher risk of mental disorder, suicidal ideation and attempts, drug and alcohol use, deliberate self-harm and more likely to report psychological distress than their heterosexual counterparts. (Source JSNA Chapter: Wellbeing and Adult Mental Health) King M, Semlyen J, See Tai S et al. (2008) Mental Disorders, Suicide and Deliberate Self-Harm in Lesbian, Gay and Bisexual People. London: National Mental Health development Unit.
Marriage and civil partnerships	Current provision is not intended for people who live as a married or civil partnership couple, or who are fleeing domestic abuse. However if people move into supported living whilst still married or in a civil partnership they will be supported to maintain these relationships whilst in supported accommodation. A partner or spouse will not be allowed to live in the		

	supported accommodation. However this reflects the current situation, so no change envisaged.		
Carers (protected by association)	Providers will be expected to work with carers and to take a strengths based approach focusing on an individual's skills and assets, including maintaining and encouraging these relationships.	None identified	

7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	As this will be a commissioned service no impact on SCC staff identified.	As this will be a commissioned service no impact on SCC staff identified.	
Disability	As above	Not applicable	
Gender reassignment	Not applicable	Not applicable	
Pregnancy and maternity	Not applicable	Not applicable	
Race	Not applicable	Not applicable	

Religion and belief	Not applicable	Not applicable	
Sex	Not applicable	Not applicable	
Sexual orientation	Not applicable	Not applicable	
Marriage and civil partnerships	Not applicable	Not applicable	
Carers (protected by association)	Not applicable	Not applicable	

8. Amendments to the proposals

Change	Reason for change
No amendments are proposed as a result of undertaking this EIA.	

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
There is a risk that a woman who becomes pregnant whilst living in the accommodation would have to move following her baby's birth.	There is a risk that a woman who becomes pregnant whilst living in the accommodation would have to move following her baby's birth. She would be supported by her care coordinator and service provider to find alternative accommodation, and support with parenting if necessary.	As and when appropriate	Social worker
There is a risk that not all accommodation will be fully accessible for wheelchair users. In the short term this would mean only a provider with accessible accommodation being commissioned, reducing the choice available to the client.	This risk can be mitigated by suitable adaptations being made to properties to accommodate the needs of physically disabled people. Link with OT in locality team.	As and when appropriate	Social worker
No single sex accommodation is planned. The service provision may not be suitable for people whose religion forbids men and women who are not related to each other to live together.	Work with individual providers where necessary if single sex accommodation is required to enable this.	As and when appropriate	Jane Bremner
No single sex accommodation is planned. The service provision may	Work with individual providers where necessary if single sex accommodation is required to enable this.	As and when appropriate	Jane Bremner

not be suitable for survivors of sexual abuse.			
Accommodation will be for both men and women with shared facilities such as bathrooms and communal living accommodation. It may not be suitable for some people undergoing transition or reassignment surgery.	Work with individual providers where necessary if single sex accommodation is required to enable this.	As and when appropriate	Jane Bremner

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
The needs of the traveller and Romany community may not be met by this type of service provision.	Race

11. Summary of key impacts and actions

<p>Information and engagement underpinning equalities analysis</p>	<p>A range of engagement events and mechanisms were employed to inform this EIA.</p>
<p>Key impacts (positive and/or negative) on people with protected characteristics</p>	<p>See tables above.</p>
<p>Changes you have made to the proposal as a result of the EIA</p>	<p>None identified</p>
<p>Key mitigating actions planned to address any outstanding negative impacts</p>	<p>Enhancing and developing relationships with individual providers to ensure the needs of people with protected characteristics can be met, where negative impacts have been identified.</p>
<p>Potential negative impacts that cannot be mitigated</p>	<p>See above: however people from the GRT community would receive mental health support within their own accommodation should they not wish to move into supported accommodation.</p>