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## Equality Impact Assessment and Consultation

Submitted for approval

### Equality Impact Assessment

#### Introductory Information

**Reference number**

361

**Proposal type** Budget  Project**Project name**

Mental Health Recovery Service Framework

**Decision Type****Type of decision**

- Cabinet  
 Cabinet Committee (e.g. Cabinet Highways Committee)  
 Leader  
 Individual Cabinet Member  
 Executive Director/Director  
 Officer Decisions (Non-Key)  
 Council (e.g. Budget and Housing Revenue Account)  
 Regulatory Committees (e.g. Licensing Committee)

**Lead Cabinet Member**

Pease Christine (LAB-CLLR)

**Entered on Q Tier** Yes  No**Year(s)****EIA date**

24/09/2018

**EIA lead**

Khan Basim (CYPS)

**EIA contact**

Luck Sarah

**Lead officer**

Hall Melanie (NCC)

**Lead Corporate Plan priority**

Better Health and Wellbeing

## Portfolio, Service and Team

## Cross Portfolio

Yes  No

## Portfolio

People Services

Is the EIA joint with another organisation (eg NHS)?

No  Yes

Brief aim(s) of the proposal and the outcome(s) you want to achieve

The proposal is to re-commission the mental health recovery service framework to meet eligible social care needs relating to mental health needs.

## Impact

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

More information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

**Note the EIA should describe impact before any action/mitigation. If there are both negatives and positives, please outline these - positives will be part of any mitigation. The action plan should detail any mitigation.**

## Overview

Overview (describe how the proposal helps to meet the Public Sector Duty outlined above), Supporting Evidence (Please detail all your evidence used to support the EIA)

Meeting the needs of people with eligible social care needs relating to their mental health in accordance with the Council's duties under the Care Act. Clients are supported to live interdependently within the community, to work towards mutually agreed recovery outcomes linked to their assessed needs with the goal of them living active and fulfilled lives, overcoming disadvantage and discrimination.

## Impacts

Proposal has an impact on

## Health

Does the Proposal have a significant impact on health and well-being including effects on the wider determinants of health?

Yes  No

## Staff

Yes  No

## Customers

Yes  No

**Impact**

Positive  Neutral  Negative

**Level**

None  Low  Medium  High

**Details of impact**

Supports those with mental health needs to function well and live independent & fulfilling lives. The service (and statutory duty) is not to treat mental health problems but to help people manage their mental health effectively - this may include enabling people to access health services as well as wider life skills and community support

**Comprehensive Health Impact Assessment being complete**

Yes  No

Please attach health impact assessment as a supporting document below.

**Public Health Leads has signed off the health impact(s) of this EIA**

Yes  No

**Health Lead**

**Age**

**Staff**

Yes  No

**Customers**

Yes  No

**Impact**

Positive  Neutral  Negative

**Level**

None  Low  Medium  High

**Details of impact**

Work with those aged 18-64 years to support them to meet their collaboratively agreed recovery outcomes. The average age of service users is 47. The service aims to meet people's eligible needs in areas such as relationships and work and skills. The starting position is that people's previous and current mental health conditions do not mean that people cannot move beyond the constraints of that condition and could for example live in their own tenancy in future or engage in volunteering or training that could lead to future employment. The heart of the service is that people are not written off as a result of their mental health condition and can be supported to fulfil their potential.

Once service users reach 65 years old their care transfers to adult social care.

**Disability**

**Staff**

Yes  No

**Customers**

Yes  No

**Impact**

Positive  Neutral  Negative

**Level**

None  Low  Medium  High

**Details of impact**

Ensuring needs are met for a vulnerable group by providing services with a focus on recovery and mutually agreed outcomes in order to overcome disadvantage and discrimination. The collaborative nature of the service is based on respecting the dignity of recipients and believing they can be enabled to live healthy and positive lives.

#### Race

##### Staff

Yes  No

##### Customers

Yes  No

##### Impact

Positive  Neutral  Negative

##### Level

None  Low  Medium  High

##### Details of impact

Analysis of current service users show that 81% are white (80% white british), which is in line with community knowledge profiles, which indicate that 19% of the population are from BME communities.

7% of service users were from black backgrounds. Of these 4% were designated as 'Black Caribbean' - this compares to 1% of the Sheffield population. The over-representation of this community in mental health system is widely recognised and is one of the elements being considered under the governments review of the Mental Health Act.

5% of service were from Asian communities, the most common of which was 'Asian or Asian British Pakistani' which accounted for 3% of service users - this relates to 4% of the Sheffield population

3% of people were categorised as from mixed backgrounds.

Race was not captured in 3% of cases.

The Sheffield Health and Social Care Trust has a transcultural team, which works with its recovery teams to ensure practice is culturally appropriate.

#### Sex

##### Staff

Yes  No

##### Customers

Yes  No

##### Impact

Positive  Neutral  Negative

##### Level

None  Low  Medium  High

##### Details of impact

Monitoring systems do not track ratio of male to female service users. Gender is not a barrier to receiving support.

#### Carers

**Staff** Yes  No**Customers** Yes  No**Impact** Positive  Neutral  Negative**Level** None  Low  Medium  High**Details of impact**

2 fold:

1. Support for carers via provision of additional support for their 'cared for' relatives
2. Where necessary provision of specific carers packages to support in their caring role resulting from the 'cared for's' needs

**Voluntary/Community & Faith Sectors****Staff** Yes  No**Impact** Positive  Neutral  Negative**Level** None  Low  Medium  High**Details of impact**

Supports VCF organisations who provide social care &amp; provides employment to their staff

**Customers** Yes  No**Supporting Documentation****Cumulative impact**

Proposal has a cumulative impact

 Yes  No

Proposal has geographical impact across Sheffield

 Yes  No

Local Partnership Area(s) impacted

 All  Specific**Action Plan and Supporting Evidence**

Action plan

This is a summary of the evidence used to support the EIA. It is not intended to be a substitute for the full EIA report.

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Supporting Evidence (Please detail all your evidence used to support the EIA)

### Consultation

#### Consultation required

Yes  No

If consultation is not required please state why

Continuation of an approach based on previous consultation and which is a collaborative model enabling ongoing feedback

Are Staff who may be affected by these proposals aware of them

Yes  No

Are Customers who may be affected by these proposals aware of them

Yes  No

If you have said no to either please say why

We do not propose to change our approach

### Summary of overall impact

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Meets need and does so using an outcomes based, recovery focussed model via use of the Recovery Star. The aim is to enable people to live independent & fulfilling lives and to progress beyond the need for services where possible

#### Summary of evidence

The council is seeking to support people with mental health needs to live as independently as possible, eg people moving on from residential care to living independently with an initial social care package. The recovery star has embedded an outcomes ethos to social care support, which we need to continue to use and promote.

#### Changes made as a result of the EIA

None required at this stage

### Escalation plan

Is there a high impact in any area?

Yes  No

Overall risk rating after any mitigations have been put in place

High  Medium  Low  None

### Review date

#### Review date

27/03/2019

If a review date is specified, it will appear in the 'Upcoming Reviews' view when the EIA review is within 30 days.