

## **EXTENDED**

### **Equality and Health Inequalities Impact Assessment (EHIA)**

An EHIA is a tool to explore the potential for a policy, strategy, service, project or procedure to have an impact on a particular group, groups or community. This includes the impact on one or more of these groups:

- Protected characteristic groups (as outlined in the Equality Act 2010)
- Disadvantaged or marginalised groups or communities
- Deprivation and socio-economic disadvantage within local communities
- Local health inequalities for groups and communities

***Please complete this Equality and Health Inequalities Impact Assessment when the proposed change has a potential negative impact on staff, patients, public or local communities.***

#### **Please note:**

To comply with our agreed Equality Policy and Procedure and meet our requirements under legislation, all new policies and new and proposed services or strategies must be impact assessed before being introduced. Within this document, you will need to provide evidence to demonstrate:

- Consideration of the impact of your initiative for each protected characteristic and other disadvantaged groups and communities
- Assessment of the impact you have identified and a clear action plan to mitigate the issues and concerns which arise from this.

#### **For further support or advice please contact:**

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## 1. Introduction and overview

<b>Title of EHIA</b>	Mental Health Place Based Plan					<b>ID No.</b>				
<b>Team / Department</b>	B&H CCG Mental Health Commissioning BHCC Adult Social Care Commissioning SPFT			<b>Assessor Completing the EHIA</b>		Emily Ashmore, Mental Health and Special Projects Commissioning Manager, BHCC				
<b>Date EHIA Started</b>	21.10.2021			<b>Date EHIA Completed</b>						
<b>What is the focus of this EHIA?</b>	Workforce Policies	Organisational strategy	Clinical services x	Clinical policies	Other: x Please state: Health & Adult Social Care Services					
<b>What is the status of this policy / function / practice or provision?</b>	New X	Revised	Monitoring	End	<b>Who will be affected?</b>	Staff X	Carers X	Patients / service users X	Communities X	Other

<p><b>Brief description of the aims of the service, policy, strategy, function that this EHIA relates to.</b></p>	<p><b>This EHIA will be used to inform the planned engagement work which will be completed in January to March 2021.</b></p> <p><b>Both this engagement work and the contents of this EHIA will be used to inform the development of the Place Based Accommodation and Mental Health Plan including identifying the key priorities of the plan and shaping its strategic view.</b></p> <p><b>The aims of the Place Based Plan are;</b></p> <table border="1" data-bbox="562 523 1503 1256"> <tr> <td data-bbox="562 523 1503 646">To provide a clear articulation of the level need in Brighton &amp; Hove.</td> </tr> <tr> <td data-bbox="562 646 1503 769">To provide an overview of current services and pathways.</td> </tr> <tr> <td data-bbox="562 769 1503 892">To reflect the voice of service users, patients, families, and the public.</td> </tr> <tr> <td data-bbox="562 892 1503 1015">To work in collaboration with partner agencies, providers, and the voluntary sector.</td> </tr> <tr> <td data-bbox="562 1015 1503 1137">To explore how services and pathways are configured and plan to develop and improve these.</td> </tr> <tr> <td data-bbox="562 1137 1503 1256">To identify commissioning priorities which meet the needs identified within the plan.</td> </tr> </table>	To provide a clear articulation of the level need in Brighton & Hove.	To provide an overview of current services and pathways.	To reflect the voice of service users, patients, families, and the public.	To work in collaboration with partner agencies, providers, and the voluntary sector.	To explore how services and pathways are configured and plan to develop and improve these.	To identify commissioning priorities which meet the needs identified within the plan.
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To explore how services and pathways are configured and plan to develop and improve these.							
To identify commissioning priorities which meet the needs identified within the plan.							

**Outline the links to national and local policy and strategy.**

The Place Based Plan will reflect the fact that Sussex ICS now operates under a Mental Health Collaborative to deliver against the NHS Long term plan (LTP), annual operating plans, the NHS Oversight Framework and NHS Mental Health 5 year forward view.

The key priorities of the Mental Health Collaborative in respect to the mental health accommodation model are:

- Reduce Out of Area Placements
- Reduce Delayed Transfers of Care
- Increase the number of people in settled accommodation

Brighton & Hove City Council has a Homeless and Rough Sleeper Strategy in place which sets out a strategic framework to inform work plans, engagement with communities and the citywide response to homelessness and rough sleeping. This includes the provision of supported accommodation for those who are single homeless or rough sleeping and who have support needs including mental health and substance misuse.

[Homelessness and Rough Sleeping Strategy 2020-2025 \(brighton-hove.gov.uk\)](https://www.brighton-hove.gov.uk/homelessness-and-rough-sleeping-strategy-2020-2025)

In the Brighton & Hove City Council Corporate Plan 2020-2023, we will:

- Increase healthy life expectancy and reduce health inequalities
- Support people to live independently
- Support people in ageing well
- Support carers
- Ensure that health and care services meet the needs of all

In order to support people to live independently we will ensure that every resident who is eligible receives social care support at a level that enables them to live as independently as possible. We will work to increase understanding and reduce prejudice and discrimination relating to disability and mental health problems. We will work to prevent mental health problems and to identify and treat them as early as possible. We will ensure that all people are respected and supported to participate in decisions about their lives.

**What patient and public engagement has already taken place in relation to this proposal?**

A variety of information that whilst not directly gathered for the Place Based Plan is informative and provides a range of data that will help shape the plan has already been carried out this includes;

- Mind Mental Health Supported Accommodation Engagement Feb 2021
- Mental Health Procurement Consultation 20<sup>th</sup> April 2021 with Stakeholders
- SHCP Mental Health & Housing Strategy July 2020
- Adults with Multiple & Complex Needs JSNA 2020
- TDC BAME Mental Health & Wellbeing Engagement March 2020
- Housing Accommodation Barriers to Discharge Interim Findings – Sept 2021
- Multi Agency Discharge Event (MADE) February 2020
- Fulfilling Lives Perspectives Project Mental Health & Substance Misuse May 2021
- Common Mental Health Conditions – Rapid Needs Assessment 2018
- Rough Sleeper Strategy Consultation 2020
- Review of Homeless Supported Accommodation – Homeless Link December 2019

In addition to the previous reports we also have data from supported accommodation services:

Route One and Shore House complete annual surveys with the residents living in this accommodation. Relevant feedback from the 2019 surveys have been included in this EHIA, the results of future surveys will be added to the EHIA as they are received. Questions included in the surveys include:

1. Are you getting what you need from your service?
2. How satisfied are you with the quality of the relationship between you and the main BHT staff member who supports you?
3. Does the support you receive from us motivate you to achieve your goals/plans and aspirations?
4. What do you think is the purpose of Shore Hours – can you describe what you think it's for?
5. What is the one thing we do best? Why is it important to you?
6. Do you feel confident that the staff team will treat your personal information with sensitivity? If not, please give details and suggestions.
7. How satisfied are you with the overall quality of your home or building where your service is based?
8. If you live in BHT accommodation, how satisfied are you with the way repairs and maintenance are carried out?
9. How satisfied are you with the communication from your service/BHT? (Written and verbally/in person)
10. Do you feel kept up to date about what's happening in your service?

	<p>11. If you have made a complaint in the last 12 months, how satisfied were you with how this was handled?</p> <p>12. How satisfied are you with the group activities currently running at Shore House?</p> <p>13. How satisfied are you that your service seeks and acts upon your views?</p> <p>14. Have you had opportunities to be involved in how your service runs? E.g. giving feedback on the service you receive, leading on activities, being part of an interview panel for new staff, being a client rep.</p> <p>15. How would you like to be involved?</p> <p>16. Do you think that your service treats you with dignity and respect?</p> <p>17. Could we do more to meet your needs relating to the following? Disability, gender, age, marital status, sexual orientation, your cultural needs, religious needs or parental needs?</p> <p>18. Do you know how to keep yourself safe?</p> <p>19. Do you know how to report concerns for other people in your service?</p> <p>20. How satisfied are you that staff prioritise your safety?</p> <p>21. If there is one single improvement you could make to your service and/or to BHT as a whole, what would it be? E.g. longer opening hours, more on-line services, better communication etc.</p> <p>The Star Project completes annual surveys with residents but due to the Covid-19 pandemic the 2020 survey was not completed and instead a survey was completed around the services response to the pandemic. Relevant feedback from future surveys will be added to the EHIA as they are received.</p>
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**2. Update on previous EHIA (where one exists) and outcomes of previous actions or if this is new, then record N/A.**

<b>What actions did you plan last time?</b> (List them from the previous EIA)	<b>How has this action progressed?</b>	<b>What <u>further</u> actions do you need to take?</b> (add these to the Action plan below)
N/A	N/A	N/A

### 3. Health inequalities

	YES	NO	DON'T KNOW	Provide evidence to support your assessment
<p><b><i>Will this initiative help to reduce health inequalities for any specific groups and communities?</i></b></p> <p><i>e.g. access to services, improved health outcomes</i></p>	X			<p>Mental Health JSNA 2016:</p> <ul style="list-style-type: none"> <li>• Men with mental health conditions have an average life expectancy of 10 years less, and 15 years less for women, than the general population</li> <li>• Mental health is associated with poor self-management of long term conditions and behaviour, such as drug or alcohol abuse, which may endanger health</li> <li>• Social inequalities may both cause and be caused by mental ill health</li> </ul> <p>The aim of the new mental health and accommodation place based plan for Brighton &amp; Hove will be to identify key priorities around the provision of accommodation to people who have a mental health condition to best meet their needs. This will include ensuring better access to housing, and to housing which meets both the individual's choice and their needs. The new plan will aim to provide a strategic framework for moving toward improved access to housing, and improved delivery of suitable housing to people with mental health needs in Brighton &amp; Hove.</p>

#### **4. Impact assessment**

Please consider each protected characteristic and consider whether the policy / function / practice or provision has the potential to impact on each protected characteristic group and / or community.



					<p><b>Data to support your assessment</b></p> <p>This can be census data, research, complaints, surveys, reports etc.</p>	<p><b>Engagement / feedback information to support your assessment</b></p> <p>This could be focus groups, face-to-face meetings, surveys, speak out events, etc.</p>	<p><b>Actions to take forward with a focus on</b></p> <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>	<b>No Impact</b>			

Race		X	<p><b>National population data:</b> Across England, BME groups are more likely to be diagnosed with a mental illness than those who are White British. People from Black ethnic groups have lower treatment rates.</p> <p><b>Brighton &amp; Hove population data:</b> 2011 census data shows that 94.3% of the population are White, this is higher than the national average for England and Wales (90.2%).</p> <p>19.5% of our residents (53,351 people) are from an ethnic group other than White English / Welsh / Scottish / Northern Irish / British.</p> <p>4.13% out of the 19.5% of the population are Asian or Asian British, significantly lower than the national average (7.8%).</p> <p>3.8% out of the 19.5% of residents are of Mixed or multiple ethnicity, higher than the national average (2.3%).</p> <p>1.5% out of the 19.5% of residents are from a Black and Black British background, significantly lower compared to England (3.5%).</p> <p>0.8% out of the 19.5% of the population are Arabs, slightly higher compared to the South East (0.2%).</p> <p>91.7% of people living in Brighton and Hove speak English as their first language, other languages spoken include Arabic (0.8%), Polish (0.8%), and Spanish (0.6%).</p> <p><b>NB Brighton &amp; Hove's current population data places people of Jewish Faith in the religion category – this is contentious as Judaism is considered to be both a religion and a racial identity. Consideration should be given to how best to locate this data.</b></p> <p><b>Race demographics of current Route One residents (MH supported accommodation):</b></p> <ul style="list-style-type: none"> <li>• 59% (33) White British</li> <li>• 7% (4) White &amp; Black Caribbean</li> </ul>	<p><b>Feedback from Route One 2019 resident survey:</b></p> <ul style="list-style-type: none"> <li>• Language barriers make it difficult to become more involved in activities or participation opportunities</li> <li>• Would like classes for example in English It would be good if an interpreter was available more often, not just every three months.</li> </ul> <p>Feedback from TDC BAME Mental Health &amp; Wellbeing Engagement – March 2020</p> <ul style="list-style-type: none"> <li>• Identified stigma around mental health as a barrier to access.</li> <li>• Recommended awareness raising of available services and conversations about mental health.</li> <li>• Community based self help groups.</li> <li>• Breaking the negative perception</li> </ul>	<p>As part of the planned engagement activities planned in January to March 2021 it will be important to ensure that BAME residents / ex-residents voices are heard.</p> <p>For people who speak English as a second language, the planned engagement survey may negatively impact on some who are unable to participate due to language needs. Therefore, we will ensure the survey is offered and provided in appropriate formats if required, including other languages and consider a stand alone engagement event/events to capture the views of the BAME communities in Brighton &amp; Hove.</p> <p>We will use existing links with local faith communities or cultural groups in order to reach and obtain feedback from a diverse range of people, utilising already existing and trusted channels of communication from</p>
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	Positive	Neutral	Negative	No Impact	<b>Data to support your assessment</b>  This can be census data, research, complaints, surveys, reports etc.	<b>Engagement / feedback information to support your assessment</b>  This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<b>Actions to take forward with a focus on</b>  • advance equality of opportunity, • eliminate discrimination • foster good relations
					<ul style="list-style-type: none"> <li>• 2% (1) White &amp; Black African</li> <li>• 4% (2) Mixed other</li> <li>• 2% (1) Pakistani</li> <li>• 2% (1) Bangladeshi</li> <li>• 4% (2) Asian other</li> <li>• 4% (2) Black other</li> <li>• 7% (4) other ethnic group</li> <li>• 7% (4) speakers of another language</li> </ul> <p><b>Race demographics of current Shore House residents (MH supported accommodation):</b></p> <ul style="list-style-type: none"> <li>• 79% (15) White English/Welsh/Scottish/Northern Irish/British</li> <li>• 5% (1) White Irish</li> <li>• 5% (1) White other</li> <li>• 5% (1) Black African</li> <li>• 5% (1) Black Caribbean</li> </ul> <p><b>Race demographics of current Sanctuary Star residents (MH supported accommodation):</b></p> <ul style="list-style-type: none"> <li>• 83% (24) White English/Welsh/Scottish/Northern Irish/British</li> <li>• 3% (1) White other</li> <li>• 3% (1) Black other</li> <li>• 10% (3) other ethnic group</li> </ul>	of the term mental health.	partner organisations and local stakeholder groups.

	Positive	Neutral	Negative	No Impact	<b>Data to support your assessment</b>  This can be census data, research, complaints, surveys, reports etc.	<b>Engagement / feedback information to support your assessment</b>  This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<b>Actions to take forward with a focus on</b>  • advance equality of opportunity, • eliminate discrimination • foster good relations
<b>Sex</b>				X	<p><b>National population data:</b> Women are more likely to suffer from depression and anxiety and are more likely to report more severe symptoms of common mental health conditions. Coexisting physical and mental health conditions are more common in women than men.</p> <p><b>Brighton &amp; Hove population data:</b> According to 2015 ONS data:</p> <ul style="list-style-type: none"> <li>• 50.2% of the population in Brighton &amp; Hove are Male</li> <li>• 49.8% are Female.</li> </ul> <p><b>Sex demographics of current Route One residents:</b></p> <ul style="list-style-type: none"> <li>• 64% (36) Male</li> <li>• 36% (20) Female</li> </ul> <p><b>Sex demographics of current Shore House residents:</b></p> <ul style="list-style-type: none"> <li>• 74% (14) Male</li> <li>• 26% (5) Female</li> </ul> <p><b>Sex demographics of current Sanctuary Star residents:</b></p> <ul style="list-style-type: none"> <li>• 76% (22) Male</li> <li>• 21% (6) Female</li> <li>• 3% (1) Other</li> </ul>	<p><b>Feedback from Route One 2019 resident survey:</b></p> <ul style="list-style-type: none"> <li>• Women's rights to be taken seriously</li> <li>• More help for females being safely housed</li> <li>• To accommodate more care for both sexes.</li> </ul> <p>Feedback from the Mind consultation found</p> <ul style="list-style-type: none"> <li>• Some high support accommodation was felt unsafe for women because of the shared environment.</li> </ul> <p>Women would benefit from self - contained accommodation.</p>	<p>There are no negative impacts predicted for people in terms of sex for the engagement work planned.</p> <p>Housing needs based on sex will need to be explored in terms of implications for the future service model. Themes based on sex will be identified from the proposed engagement work to inform these decisions.</p> <p>Where face to face engagement events are planned consideration should be given to how best to ensure that the voices of women are heard.</p> <p>Consideration will be given to holding standalone events to capture the voice of women.</p>

	Positive	Neutral	Negative	No Impact	<b>Data to support your assessment</b>  This can be census data, research, complaints, surveys, reports etc.	<b>Engagement / feedback information to support your assessment</b>  This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<b>Actions to take forward with a focus on</b>  <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
<b>Gender reassignment</b>				X	<p><b>Brighton &amp; Hove population data:</b> There is no data collected on gender reassignment. However, according to the <a href="#">2015 Trans Needs Assessment</a>, it is estimated that at least 2,760 trans adults live in Brighton &amp; Hove. The true figure is probably greater than this because a significant proportion of trans people do not disclose their gender identity in surveys. In addition, as Brighton &amp; Hove is seen as inclusive, many trans people who live elsewhere visit Brighton &amp; Hove to socialise, study and/or work.</p> <p><b>Route One residents:</b> No existing Route One residents identified themselves as transgendered or transsexual</p> <p><b>Gender reassignment demographics of current Shore House residents:</b></p> <ul style="list-style-type: none"> <li>• 89% (17) identify with the gender assigned at birth</li> <li>• 11% (2) do not identify with the gender assigned at birth</li> </ul> <p><b>Gender reassignment demographics of current Sanctuary Star residents:</b></p> <ul style="list-style-type: none"> <li>• 97% (29) identify with the gender assigned at birth</li> </ul> <p>3% (1) do not identify with the gender assigned at birth</p>	No relevant engagement / feedback identified.	<p>Ensure we are able to identify feedback provided from trans people through the planned survey, we will ensure this is included within the equalities questions / about you section.</p> <p>Consideration to be given to how best to capture the voices of trans people. Including engaging with identified support groups or establishing safe space events.</p>

			<p><b>National population data:</b> Up to 40% of older people in care homes are affected by depression but a lower proportion of over 65s (4%) are referred to wellbeing services compared to any other age group.</p> <p><b>Brighton &amp; Hove population data:</b> According to 2018 JSNA data, in Brighton &amp; Hove it is estimated that:</p> <ul style="list-style-type: none"> <li>• 16% (45,400 people) are aged 0 to 15 years</li> <li>• 71% (204,400 people) are age 16 to 64 years,</li> <li>• 11% (32,300 people) are aged 65 to 84 years</li> <li>• 2% (6,000 people) are aged 85 years or older.</li> </ul> <p><b>Age profile of those placed by BHCC in MH Care Homes</b></p> <ul style="list-style-type: none"> <li>• 18-25 2</li> <li>• 26-45 37</li> <li>• 45-65 97</li> <li>• 65+ 39</li> </ul> <p><b>Age profile of those placed by BHCC in Supported Living</b></p> <ul style="list-style-type: none"> <li>• 18-25 4</li> <li>• 26-45 7</li> <li>• 45-65 5</li> <li>• 65+ 0</li> </ul> <p><b>Age demographics of current Route One residents:</b></p> <ul style="list-style-type: none"> <li>• 11% (6) 18-15 years old</li> <li>• 27% (15) 26-34 years old</li> <li>• 29% (16) 35-44 years old</li> <li>• 11% (6) 55-64 years old</li> <li>• 2% (1) 65-74 years old</li> </ul> <p><b>Age demographics of current Shore House residents:</b></p>	<p>No relevant engagement / feedback identified.</p>	<p>As part of the planned engagement activities it will be important to ensure that residents / ex-residents in the younger and older age groups are heard as their needs may be different and less well represented.</p> <p>Overall, there are no negative impacts predicted for people in terms of age.</p>
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	Positive	Neutral	Negative	No Impact	<b>Data to support your assessment</b>  This can be census data, research, complaints, surveys, reports etc.	<b>Engagement / feedback information to support your assessment</b>  This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<b>Actions to take forward with a focus on</b>  <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
					<ul style="list-style-type: none"> <li>• 100% (19) aged 18-64 years old</li> </ul> <b>Age demographics of current Sanctuary Star residents:</b> <ul style="list-style-type: none"> <li>• 100% (29) aged 18-64 years old</li> </ul>		

<p><b>Religion and belief</b></p>			<p><b>Brighton &amp; Hove population data:</b></p> <p>42.9% of the population describe themselves as Christian, this is significantly lower compared to the rest of the South East (59.8%).</p> <p>41% of residents have no religion (significantly higher than national average 25%), 2.2% of residents are Muslim, 1% of the population are Buddhist (this is significantly higher than the national average 0.4%), 1% of residents are Jewish,(this is significantly higher than the national average 0.5%) 0.7% of the population are Hindu (significantly lower than the national average 1.5%), 0.2% of residents are Atheist, and 0.2% are Agnostic, no residents identified as Sikh compared to the national average of 0.8%.</p> <p><b>Religion and belief demographics of current Route One residents:</b></p> <ul style="list-style-type: none"> <li>• 39% (22) none / Atheist / Agnostic</li> <li>• 14% (8) Christian</li> <li>• 5% (3) Buddhist</li> <li>• 2% (1) Muslim</li> <li>• 9% (5) other religion / philosophical belief</li> </ul> <p><b>Religion and belief demographics of current Shore House residents:</b></p> <ul style="list-style-type: none"> <li>• 63% (12) no religious belief</li> <li>• 16% (3) Christian</li> <li>• 11% (2) Buddhist</li> <li>• 5% (1) Muslim</li> <li>• 5% (1) Atheist</li> </ul> <p><b>Religion and belief demographics of current Sanctuary Star residents:</b></p> <ul style="list-style-type: none"> <li>• 20% (6) no religious belief</li> <li>• 3% (1) Buddhist</li> <li>• 23% (7) Christian</li> </ul>	<p><b>Feedback from Route One 2019 resident survey:</b></p> <ul style="list-style-type: none"> <li>• Religious needs to be considered</li> </ul> <p><b>Note</b> no service reports a Jewish resident – are services accessible to people of the Jewish faith or are there other barriers to access?</p>	<p>There is no predicted negative impact for the engagement activity in terms of people’s religion or belief.</p> <p>We will use existing links with local faith communities or cultural groups in order to reach and obtain feedback from a diverse range of people, utilising already existing and trusted channels of communication from partner organisations and local stakeholder groups.</p>
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	Positive	Neutral	Negative	No Impact	<b>Data to support your assessment</b> This can be census data, research, complaints, surveys, reports etc.	<b>Engagement / feedback information to support your assessment</b> This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<b>Actions to take forward with a focus on</b> <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
					<ul style="list-style-type: none"> <li>• 3% (1) Pagan</li> <li>• 20% (6) Atheist</li> <li>• 27% (8) prefer not to say</li> <li>• 3% (1) other</li> </ul>		

Disability			X	<p><b>National population data:</b> One third (30%) of people with a physical long-term condition also has a mental health condition, while half (46%) of people with a mental health condition has a long-term physical illness. The contribution of mental ill-health to the morbidity burden rises with the number of long-term conditions a person has.</p> <p><b>Brighton &amp; Hove population data:</b> Sixteen per cent of Brighton &amp; Hove residents have their day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months, lower than England (18%) and higher than the South East (15.7%).</p> <p>In 2013/14 there were 1,138 adults registered with local GP surgeries with a learning disability (0.5% of the total adult population).</p> <p>The population of Brighton &amp; Hove residents whose day-to-day activities are limited because of a health problem or disability is older (42% aged 65 years or over) than the population whose activities are not limited (7% aged 65 years or over).</p> <p>An estimated 39,798 (17%) people aged 18-74 years in B&amp;H have a common mental health disorder. The prevalence of mental illness in B&amp;H is generally higher than England.</p> <p>There are 51,379 adults aged 20 years or over in Brighton &amp; Hove recorded as having multiple long-term conditions (two or more) in March 2017, just under a quarter of the population (22%). Just over 19,000 people have both mental and physical health long-term conditions (8%).</p> <p><b>Disability demographic data from current Route One residents:</b></p> <ul style="list-style-type: none"> <li>• 9% (5) aged 55 or over with a long term need/issue</li> <li>• 7% (4) Autistic Spectrum Condition</li> <li>• 4% (2) hearing impairment</li> </ul>	<p><b>Feedback from Route One 2019 resident survey:</b></p> <ul style="list-style-type: none"> <li>• Unable to cook due to health condition as the kitchen is in the same room as bed/living room and makes them feel physically unwell</li> <li>• More attention to health and less about the tidying of the flat</li> <li>• Damp and roof leaks were identified which could have a potential impact on health conditions</li> <li>• Not dealing with housemate issues has impact on mental state.</li> </ul> <p><b>Feedback from Shore House 2019 resident survey:</b> Roof leaks and lack of double glazing making the accommodation cold were identified which could have a potential impact on health conditions</p>	<p>We will ensure the planned engagement activities will be accessible for people with access needs due to living with a disability, long-term health condition or impairment.</p> <p>Ensure that groups and communities working with disabled people are contacted and provided with the opportunity to engage and provide their feedback and share experiences.</p> <p>We will use a range of formats/methods to gain feedback through the survey, such as BSL interpretation through the CCG's Video Relay Service (VRS) Sign Live, produce an Easy Read and Large Print version of the survey, ensure subtitles are used during virtual events and the communication videos we produce and ensure people can respond in a number of different ways including online, by phone, post, text message and</p>
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				<ul style="list-style-type: none"> <li>• 4% (2) would benefit from level access accommodation</li> <li>• 9% (5) mobility</li> <li>• 7% (4) chronic illness / progressive disability</li> <li>• 11% (6) respiratory illness</li> <li>• 2% (1) visual impairment</li> <li>• 14% (8) other long term health condition</li> <li>• 20% (11) other physical health need</li> <li>• 7% (4) Dyslexia</li> <li>• 2% (1) Dyspraxia</li> </ul> <p>The existing accommodation is for those with mental health difficulties and therefore the expectation is that all residents would have a mental health need of some kind. The demographic break down of mental health needs for existing Route One residents is as follows:</p> <ul style="list-style-type: none"> <li>• 16% (9) alcohol misuse</li> <li>• 21% (12) drug misuse</li> <li>• 57% (32) high mental health need</li> <li>• 27% (15) medium mental health need</li> <li>• 20% (15) low mental health need</li> <li>• 27% (15) mental health need with drug or alcohol issues</li> <li>• 59% (33) stress / anxiety</li> <li>• 23% (13) risk of self-harm</li> <li>• 39% (22) emotional / behavioural difficulties</li> <li>• 4% (2) gambling difficulty</li> <li>• 29% (16) history of abuse / childhood trauma</li> <li>• 9% (5) hoarding difficulty</li> </ul> <p><b>Disability demographic data from current Shore House residents:</b></p> <ul style="list-style-type: none"> <li>• 5% (1) have a health condition that limits day to day activities a little</li> <li>• 83% (19) mental health condition</li> <li>• 4% (1) physical impairment</li> <li>• 4% (1) long-standing illness</li> <li>• 4% (1) sensory impairment</li> <li>• 4% (1) learning disability/difficulty</li> </ul>		through Sign Live for BS users.
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	Positive	Neutral	Negative	No Impact	<b>Data to support your assessment</b>  This can be census data, research, complaints, surveys, reports etc.	<b>Engagement / feedback information to support your assessment</b>  This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<b>Actions to take forward with a focus on</b>  <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
					<b>Disability demographics of current Sanctuary Star residents:</b> <ul style="list-style-type: none"> <li>• 14% (4) health condition that limits day to day activities a little</li> <li>• 86% (25) health condition that limits day to day activities a lot</li> <li>• 3% (1) physical impairment</li> </ul> 100% (29) mental health condition		

<p><b>Sexual orientation</b></p>			X	<p><b>National population data:</b> People who identify at LGBT are identified nationally as having a higher risk of developing mental health problems and/or not accessing primary care mental health services.</p> <p><b>Brighton &amp; Hove population data:</b> There is estimated to be a significantly higher LGBT population in Brighton &amp; Hove in comparison to England, 11-15% of those over 16 are estimated to be Lesbian, gay, bisexual and trans (LGBT). There is a lack of available data on lesbian, gay and bisexual populations across England, data on civil partnerships from the Census is used as an indicator of same sex relationships.</p> <p><b>Sexual orientation demographics of current Route One residents:</b></p> <ul style="list-style-type: none"> <li>• 73% (41) heterosexual</li> <li>• 2% (1) Gay</li> <li>• 9% (5) Bisexual</li> </ul> <p><b>Sexual orientation demographics of current Shore House residents:</b></p> <ul style="list-style-type: none"> <li>• 68% (13) heterosexual</li> <li>• 11% (2) Bisexual</li> </ul> <p><b>Sexual orientation demographics of current Sanctuary Star residents:</b></p> <ul style="list-style-type: none"> <li>• 83% (24) heterosexual</li> <li>• 7% (2) Gay male</li> <li>• 7% (2) prefer not to say</li> </ul> <p>3% (1) other</p>	<p>No relevant engagement / feedback identified.</p>	<p>Ensure that LGBTQ+ groups and communities are identified and provided with the opportunity to engage.</p> <p>We will continue to ensure that the needs of those with differing sexual orientations are met.</p>
<p><b>Marriage or civil partnership</b></p>			X	<p><b>Brighton &amp; Hove population data:</b> According to 2011 Census data, 31.8% of Brighton &amp; Hove residents are married. 1% are registered as being in a same-sex civil partnership. 2.4% are separated (but still legally married or still legally in a same-sex civil partnership).</p>	<p>No relevant engagement / feedback identified.</p>	<p>Through the engagement process, it is expected that feedback will be provided from those with a range of partnership status. Should any specific issues</p>

	Positive	Neutral	Negative	No Impact	<b>Data to support your assessment</b>  This can be census data, research, complaints, surveys, reports etc.	<b>Engagement / feedback information to support your assessment</b>  This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<b>Actions to take forward with a focus on</b>  <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
							emerge, they will be highlighted.
<b>Pregnancy and maternity</b>				X	<p><b>Brighton &amp; Hove population data:</b> Population estimates from the Office for National Statistics (ONS) show that there were 67,511 women of child-bearing age (15-44 years) in Brighton &amp; Hove in 2015: 48% of the female population. This compares with 38% in England and 37% in the South East.</p> <p>The general fertility rate is the number of live births per 1,000 females aged 15-44 years. In 2015, Brighton &amp; Hove had a rate of 43.7 live births per 1,000 women aged 15-44 years. This is lower than England (62.5) and the South East.</p>	<p><b>Feedback from Route One 2019 resident survey:</b> Parental needs to be considered</p>	Through the engagement process, it is expected that feedback will be provided from a range of people. Should there be any issues specific to pregnancy and maternity, these will be highlighted.

Other Disadvantaged or inclusion groups			X	<p><b>National population data:</b> The following groups of individuals are identified nationally as having a higher risk of developing mental health problems and/or not accessing primary care mental health services:</p> <ul style="list-style-type: none"> <li>• Homeless individuals</li> <li>• Those from gypsy or traveller communities</li> <li>• Victims of violence</li> <li>• Offenders</li> </ul> <p>The 2012 Health Counts survey indicates that carers are at greater risk of major depression than other respondents.</p> <p>People misusing substances are more likely to have had ACEs and histories of trauma. (Source PHE data) - Proportions are now based on everyone in treatment in the latest rolling year which shows <b>61.7% of SMS clients in treatment have a mental health need.</b> Of this 61.7%, 12.5% are in treatment in secondary care, 33.1% in treatment via primary care and <b>16.1% not receiving specialist MH support.</b></p> <p><b>Brighton and Hove population data:</b> Brighton and Hove has a significantly higher rate of statutory homeless households than England. Recent draft guidance from NICE on Integrated Health &amp; Care Provision for People Experiencing Homelessness notes that people who are homeless can experience greater issues accessing and maintaining links to mental health provision and that services need to be low threshold, assertive and tolerant to manage this.</p> <p><b>Other demographic data for current Route One residents:</b></p> <ul style="list-style-type: none"> <li>• 5% (3) at risk of domestic violence</li> <li>• 11% (6) at risk of financial exploitation</li> <li>• 9% (5) at risk of harm to others/offending</li> <li>• 4% (2) at risk of sexual exploitation</li> <li>• 4% (2) care leavers</li> <li>• 2% (1) carer for a relative or friend</li> </ul>		<p>As part of the engagement activities planned in January to March 2021 it will be important to ensure that any written information takes into account literacy difficulties and that complex language, jargon, acronyms etc. are removed.</p> <p>In the development of the future service model and specifications it will be crucial to include reference to:</p> <ul style="list-style-type: none"> <li>• Safeguarding / risk training and support for staff</li> <li>• Links with the carers hub, forensic services, armed forces support, and adult education programmes.</li> <li>• Consider the needs of MCN/Homelessness/Inclusion Health Marginalised Groups and how they can access MH support and accommodation.</li> </ul>
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	Positive	Neutral	Negative	No Impact	<b>Data to support your assessment</b>  This can be census data, research, complaints, surveys, reports etc.	<b>Engagement / feedback information to support your assessment</b>  This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<b>Actions to take forward with a focus on</b>  <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
					<ul style="list-style-type: none"> <li>• 9% (5) literacy / numeracy difficulties</li> <li>• 18% (10) prison experience</li> <li>• 34% (19) risk of self-neglect/isolation</li> <li>• 2% (1) served in armed forces</li> </ul> <p><b>Other demographic data for current Shore House residents:</b></p> <ul style="list-style-type: none"> <li>• 0% (0) carers</li> <li>• 0% (0) armed forces</li> </ul> <p><b>Other demographics of current Sanctuary Star residents:</b></p> <ul style="list-style-type: none"> <li>• 0% (0) carers</li> <li>• 0% (0) armed forces</li> </ul>		



	Positive	Neutral	Negative	No Impact	<b>Data to support your assessment</b>  This can be census data, research, complaints, surveys, reports etc.	<b>Engagement / feedback information to support your assessment</b>  This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<b>Actions to take forward with a focus on</b>  <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
<b>Deprivation and socio-economic disadvantage</b>			X		<p><b>National population data:</b> Coexisting physical and mental health conditions occur most commonly in deprived areas, those from the most deprived decile (105) are more than twice as likely to have a mental health condition, the prevalence of psychiatric conditions increase significantly with the degree of deprivation.</p> <p><b>Demographic data for current Route One residents that indicate deprivation / socio-economic disadvantage:</b></p> <ul style="list-style-type: none"> <li>• 9% (5) claiming benefits</li> <li>• 95% (53) are long term sick from work</li> <li>• 84% (47) are not seeking work</li> </ul>	No relevant engagement / feedback identified.	<p>People who are digitally excluded, or unable to access information online, may be negatively impacted and unable to participate in an online survey. Therefore, we will ensure that alternative formats of the survey are offered, including hard copies, with a Freepost address for feedback to be returned and included in the final analysis of findings.</p> <p>In the development of the future service model and specifications it will be crucial to include reference to:</p> <ul style="list-style-type: none"> <li>• Links to benefits advice and employment.</li> </ul>

	Positive	Neutral	Negative	No Impact	<b>Data to support your assessment</b>  This can be census data, research, complaints, surveys, reports etc.	<b>Engagement / feedback information to support your assessment</b>  This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<b>Actions to take forward with a focus on</b>  <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
<b>Community Cohesion</b>				X	<b>Brighton and Hove population data:</b> Brighton and Hove has a strong community with higher rates of belonging, pulling together, formal volunteering and feeling that people from different backgrounds get on, compared to the rest of England (City Tracker survey results, 2018).	No relevant engagement / feedback identified.	Should any issues specific to community cohesion be identified through the engagement process, these will be highlighted.

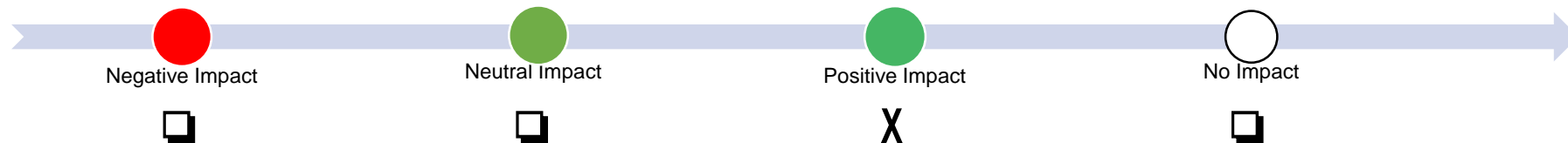
## 5. Cumulative Impact

What factors could increase the impact of this proposed change for some groups of people?	Which groups of people or communities are affected?	Are there any additional actions to include in this EHIA?
<ul style="list-style-type: none"> <li>• Providing materials in alternative languages on request</li> <li>• Providing materials in alternative formats such as Easy Read, Large Print, and providing access to BSL interpretation and subtitles for any videos or virtual events</li> <li>• Ensure that any written information does not use complex language, jargon, or acronyms</li> <li>• Alternative formats of the survey are offered, including hard copies, with a Freepost return address</li> <li>• Consider provision of face to face engagement for underrepresented groups</li> </ul>	<ul style="list-style-type: none"> <li>• BAME groups; specifically those who speak English as a second language</li> <li>• Individuals with disabilities; specifically those with communication needs</li> <li>• Other disadvantaged or inclusion groups; specifically those with literacy difficulties</li> <li>• Individuals from deprived / socially-economic disadvantaged backgrounds who may not have access to digital technology</li> </ul>	<p>Additional service user engagement information from existing providers to be added to this EHIA as and when received.</p> <p>The results of the planned engagement work will be added to this EHIA to inform the development of the future model and specification for these services.</p>

## 6. Equalities or health inequalities data gaps

	YES	NO	DON'T KNOW	Provide evidence to support your assessment and include this as an Action below.
<i>As a result of undertaking this EHIA, are there any gaps in equalities or health inequalities data or information?</i>		X		

## 7. Overall summary of impact. Please tick an overall equality impact grade for this initiative.



**Please explain your decision:**

The proposed engagement activities will – by following the identified mitigations, ensure positive engagement from all communities of interest..

## 8. Summary of Actions

Record all your EHA assessment potential concerns (impact) and actions below:

Please try and prioritise your actions	Potential Impact	Actions to mitigate impact	Staff or Patient Engagement	Lead Person	Deadline
1	BAME groups and those who speak English as a second language may not be able to engage with the materials produced	These actions could prevent, reduce or control the negative impact on specific groups or the wider initiative.  Providing materials in alternative languages on request	Outline any proposed engagement to achieve these actions  We will use established links with local faith communities or cultural groups in order to reach and obtain feedback from a diverse range of people, utilising already existing and trusted channels of communication from partner organisations and local stakeholder groups.	TBC	28.02.2022
2	Individuals with disabilities who have communication needs may not be able to engage with the materials produced	Providing materials in alternative formats such as Easy Read, Large Print, and providing access to BSL interpretation and subtitles for any videos or virtual events	Ensure that groups and communities working with disabled people are contacted and provided with the opportunity to engage and provide their feedback and share experiences.	TBC	28.02.2022
3	Those with literacy difficulties may not be able to engage with the materials produced	Providing written information that does not use complex language, jargon, or acronyms	Ensure that any written information are provided in easy read formats taking into account literacy difficulties and that complex language, jargon, acronyms etc. are removed.	TBC	28.02.2022

Please try and prioritise your actions	Potential Impact	Actions to mitigate impact	Staff or Patient Engagement	Lead Person	Deadline
4	Individuals from deprived / socially-economic disadvantaged backgrounds who may not have access to digital technology may not be able to engage	Providing and offering alternative formats of the engagement survey offered, including hard copies, with a Freepost return address	Ensure that alternative formats of the survey are offered, including hard copies, with a Freepost address for feedback to be returned and included in the final analysis of findings.	TBC	28.02.2022
5	Women may feel inhibited about engaging with any face to face engagement events	Providing women only engagement events	Ensure that the commission provider of engagement has targeted engagement to capture the voice of women if they are underrepresented.	TBC	28.02.2022
6	Underrepresentation of BAME and the Jewish community in previous engagement	Commissioning stand alone work to address this deficit.	Ensure that the commission provider of engagement has targeted engagement to capture the voice of underrepresented groups.	TBC	28.02.2022

EHIA written by:	Emily Ashmore		Date:	22/10/2021
EHIA reviewed by:	Jenny Knight			23/10/2021
EHIA approved:(governance)	<b>YES</b>	NO	Date:	01/12/2021 – Kalavati Parmar (Interim Equalities Manager)
Further comments			Date:	
EHIA published on the SES website			Date	

Person to review EHIA post implementation		Date	
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