TEMPLATE 2 - Full Equality Impact Assessment (EqIA)

In order to carry out this assessment, it is important that you have completed the EqIA E-learning Module and read the Corporate Guidelines on EqIAs. Please refer to these to assist you in completing this form and assessment.

What are the proposals being assessed? **(Note**: 'proposal' includes a new policy, policy review, service review, function, strategy, project, procedure, restructure)	Review of Mental Health Day Services and the introduction of a proposed new model for day services in Harrow.
Which Directorate / Service has the responsibility for this?	Community, Health & Wellbeing
Name and job title of lead officer	Amanda Dade – Service Manager Strategic Commissioning
Name & contact details of the other persons involved in the EqIA:	Carol Yarde (Harrow Council) carol.yarde@harrow.gov.uk Mohammed Ilyas (Harrow Council) mohammed.Ilyas@harrow.gov.uk Members of the mental health day services steering group (2 x carers, 1 service user and 1 voluntary sector representative)
Date of assessment:	First Draft: 8 February 2012 Second Draft 19 March 2012 Meeting with steering group Third Draft discussed with equalities sub-group 16.5.12 Final draft with equalities sub-group 27.6.12

Stage 1: Overview

1. What are the aims, objectives, and desired outcomes of your proposals? (Explain proposals e.g. reduction / removal of service, deletion of posts, changing criteria etc)	• To be able to deliver equitable services to vulnerable people within the financial resources available to the Council • To introduce an equitable new model of day services for people with mental ill health in Harrow. Although Day Services for people with mental health problems in Harrow have been reviewed a number of times, a new model has not been developed. Service User feedback over a number of years has indicated

	that services can be rather limited in what they are able to provide and there is a focus on maintenance of mental health rather than on recovery. The current services are not in line with policy and guidance developed and published by the Department of Health and the Social Inclusion Unit (for example: *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems, Feb 2006).* Services are currently based in buildings, across three day centres. These are: • The Bridge, • Wiseworks, • Marlborough Hill There are also other complementary services being offered through third sector providers such as MIND and Sneh. The aims of the review are to: • To improve day services for people with mental health problems. The proposal consulted on includes: At least 1 hub (or building base) and a community 'bridge building' service • To reduce the overall budget for mental health day services by approximately £250k, • Improved outcomes for people using the mental health day services in Harrow as follows: 1. Improved quality of life, confidence and self esteem for people with mental health problems 2. Increased number of people with mental health problems participating in or engaging with local community activities 3. Increase in the size and range of social networks for people with mental health problems 4. Increased number of people with mental health problems attaining qualifications, including IT skills, literacy and numeracy. 5. Improved physical health for people with mental health problems 6. Increased number of people to develop new skills for independent living 7. Increased number of people in receipt of direct payments and personal budgets 8. Increased levels of involvement of service users in the design, delivery, management, review and development of services 9. Increased levels of satisfaction with the delivery and outcomes of the service 10. Services which specifically meet the needs of under-represented groups and actively work to engage them.

	11. Increased number of people raising their employability and being ready for work
2. What factors / forces could prevent you from achieving these aims, objectives and outcomes?	• Lack of agreement of the Steering Group • Negative feedback from the consultation process • Identified negative impact on individuals/groups • Proposed changes do not benefit the Council • Stakeholders do not understand what is being consulted on and are therefore unable to shape recommendations for future service provision; • People may not engage with the consultation e.g. attending events, completing questionnaires. ; • Findings of EqIA – will identify if there are any gaps or differential impacts. • Lack of support from key stakeholders • Fear and/or resistance to change by all stakeholders,
3. Who are the customers? Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.	• Service users • Carers • Wider mental health community including, friends and family members and carers and community resources • Voluntary sector • Staff
4. Is the responsibility shared with another department, authority or organisation? If so: • Who are the partners? • Who has the overall responsibility?	Currently: • Harrow Council and Central and North West London NHS Foundation Trust (CNWL); • Finance • Harrow Council has the ultimate responsibility. Current day services are managed by CNWL under a Section 75 Partnership Agreement which means that the CNWL receives a budget from Harrow Council to commission social care services on behalf of the council for mental health services; this includes assessment and care management, placements e.g. residential care and day services.

4a. How are/will they be involved in this assessment?	A mental health working group (later to become a steering group) was developed in September 2010 to review current services and to develop a new model based on best practice. The Steering Group has been developed, including representatives from LB Harrow commissioners, Voluntary Organisations, users, carers and CNWL which has been involved in the consultation including the development of the Equality Impact Assessments. Adult Services has worked with the Finance and Legal Departments throughout the consultation.
Stage 2: Monitoring / Collecting Evidence / Data	
• **5.** What information is available to assess the impact of your proposals? Include the actual data, statistics and evidence (including full references) was reviewed to determine the potential impact on each equality group (protected characteristic). This can include results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys, workforce profiles, service users profiles, local and national research, evaluations etc • (Where possible include data on the nine protected characteristics. Where you have gaps, you may need to include this as an action to address in the action plan)	
Age (including carers of young/older people)	• Demographic profile of users of all Harrow Mental Health Services • Demographic profile of users of mental health day services • Customer satisfaction survey (2012) carried out by LBH in April 2012. • Local and national research • Complaints and compliments • Information from full consultation process
Disability (including carers of disabled people)	• Information from full consultation process • PCT Health Needs Assessment for Adults with mental Illness 2007, estimated prevalence of mental disorder in adults, aged 18-64 in Harrow, with estimate up to 2015

	• 2007 CNWL Carers Survey report to Board of Directors,
Gender Reassignment	• • Whilst CNWLs systems are set up to collect this monitoring information there is very little information held on this protected characteristic
Marriage / Civil Partnership	• Whilst CNWLs systems are set up to collect this monitoring information there is very little information held on this protected characteristic
Pregnancy and Maternity	• Whilst CNWLs systems are set up to collect this monitoring information there is very little information held on this protected characteristic • This information was collected as part of the consultation questionnaire with a nil response from those who responded
Race	• Demographic profile of users of all Harrow Mental Health Services • Demographic profile of users of mental health day services
Religion and Belief	• Demographic profile of users of all Harrow Mental Health Services • Not collected for users of mental health day services
Sex / Gender	• Demographic profile of users of all Harrow Mental Health Services • Demographic profile of users of mental health day services
Sexual Orientation	• Whilst CNWLs systems are set up to collect this monitoring information there is very little information • held on this protected characteristic
• **6**. Is there any other (local, regional, national research, reports, media) data sources that can inform this	• Vocational Strategy Consultation, 2006-2008 - findings highlighted that isolation was a barrier to recovery for people with mental illness in Harrow.

assessment? • Include this data (facts, figures, evidence, key findings) in this section.	• Recent Parliamentary Debate on Mental Health • Research reports: • A civilised society – mental health provision for refuges and asylum-seekers in England and Wales (Mind, 2009) • 'Supporting Women into the Mainstream, commissioning women-only community day services' (2006 Gateway reference 5357) and *Department of Health. (2003).Implementation Guidance: Mainstreaming Gender and Women's Mental Health.* London: Department of Health.http://nimhe.csip.org.uk

• **7**. Have you undertaken any consultation on your proposals? (this may include consultation with staff, members, unions, community / voluntary groups, stakeholders, residents and service users)	•	•	• Y	•

NOTE: If you have not undertaken any consultation as yet, you should consider whether you need to. For example, if you have insufficient data/information for any of the protected characteristics and you are **unable** to assess the potential impact, you may want to consult with them on your proposals as how they will affect them. Any proposed consultation needs to be **completed before** progressing with the rest of the EqIA.
Guidance on consultation/community involvement toolkit can be accessed via the link below
http://harrowhub/info/200195/consultation/169/community_involvement_toolkit

Who was consulted?	What consultation methods were used?	What do the results show about the impact on different equality groups (protected characteristics)?	What action are you going to take as a result of the consultation? This may include revising your proposals, steps to mitigate any adverse impact. *(Also Include these in the Improvement Action Plan at Stage 5)*
The consultation was carried out with users, carers, staff, voluntary organisations, community groups.	Consultation included face to face meetings with over 390 people A consultation document with questionnaire was sent to all users of Harrow Mental Health Services (3,670), with an opportunity to feed back through	**Face to face (focus groups)** • Many expressed anxiety about change or fears at losing a current resource or service. • People expressed concern about what would happen to them if they no longer had a service to attend and whether they would become isolated.	

	questionnaire, email, telephone and freepost address. The document was available as Easy read and was translated as required. Face to Face meetings were held at The Bridge Wiseworks, Marlborough Hill where a World Cafe method of consultation was used. All feedback has been written up and analysed. In addition meetings took place with Sneh Care (a service predominately for South Asian users), Ekta (South Asian group), Haayan (Somali group) and a small number of users of the Early Intervention Service (a small number of young people between the ages of 18 and 24). .	• Many also spoke positively about the services they received and their wish that they should continue. • People said they needed services help them to recover, and then to stay healthy once they are better • Wiseworks was by far the most commonly referred to of the current services with particular reference to helpful, caring staff and the range of activities. • There was a strong sense that people with experience of mental illness were best placed to understand and respond to the needs of others. • A very high number thought peer support was crucial for future day services. • At each of the events people felt that they wanted to know more about the role of Bridge Builders. A number of people reported that they felt that they believe Care Coordinators should be Bridge Builders and were concerned about over-laps between the two roles. • Other people expressed concerns that there would not be enough Bridge Builders to go around. • Quality of staff was seen as absolutely key, with assurances wanted that staff would be well trained, good communicators, with experience in mental health. • A number voiced concerns about the model increasing isolation and said the Hub(s) and Bridge Building needed to work closely together.

		• Several people shared considerable distress about their own, and the care receiver's, circumstances and felt carers' views and needs should be more recognised. Sessions took place with South Asian, Somali and CNWLs Early Intervention Team's clients (young people). These included people who do not access existing day services as well as some who do. These events demonstrated shared concerns that day services are that existing services are not meeting their needs and are not accessible to them. These issues have been identified below: **Ekta (South Asian group):** Participants at this event were very satisfied with the service they received and wanted more of the same. Some used other day services, however some said they did not because they could not communicate with staff or the centres did not offer activities they were interested in. However, they said that they would be happy to meet as a group at the Hub(s) if they were given space. **Haayan Project (Somali Community session):** The focus group identified the following things to be considered: • Access to services; many Somali people are discouraged by the current ways of accessing services; • Many Somalis do not access formal mental health services wither due to language or other systematic barriers; • Language is one of the biggest barriers to using the current services; • Having an advice point is very important to assist people to navigate systems and services. Information is vital; face-to-face is best; • Education and training is particularly valued by the Somali community; • There are between 8,000 and 10,000 Somali's in Harrow • There is a high incidence of mental illness in the community. National research suggests that there is a prevalence of 40% for mental illness in the Somali community.

		• Haayan currently support 50 people with mental health problems • Haayan is already operating a hub and community bridge building model, and is keen to work with other services **Young People using the Early Intervention Service (EIS)** • Young people do not know what is going on in the Harrow day services; • Concern that the Harrow Day Services are mainly for older people. • Youth friendly services are needed ;e.g. as provided in EIS. General Youth services in community to offer services for those with mental illness. • Peer support works well as there is less need to explain symptoms; • Information is key; a good website would be valuable; • The chance to volunteer would be welcomed – "giving something back". **Feedback from Questionnaires** 368 people gave their views and opinions via the questionnaire. 55% were users of the day services. Others included staff, carers and people with mental illness who weren't using day services. We asked everyone to tell us some details about themselves. Some key characteristics about the people who responded is below: : 44% were men and 56% were women : People's ages varied, 63% were 45 years and over. : The ethnic profile was Asian, 48%; White, 43%; Black, 7%; Other, 3%. This response reflects the ethnic breakdown of Harrow's residents

		according to Harrow's Vitality Profile that states that 47% of residents are white-British whilst 53% of Harrow residents are from minority ethnic groups (2009/10 Vitality Profile). • 68% agreed with the proposed model of having a building-based hub or hubs and a "bridge builder" service helping people integrate into the wider community • A theme was people expressing anxiety or concern about changes. Some linked this to the stigma and discrimination they have experienced. • A number of people felt that reducing to one building could be too harsh. We asked people how we should decide who is eligible to use Mental Health days services and provided four potential options. This was because we need to decide whether to provide services to a wide range of people who have a broad range or needs, or to focus only on those with the highest need • Option 1: The hub service should be open to those eligible for adult social care services and the Community Bridge Building service open to all people regardless of eligibility (**17%**) • Option 2: That services should in the future be for people who are eligible for adult social care services y, but people who currently use services but do not meet this criteria should be able to continue (**24%)** • Option 3: Services at all mental health day services should be for people who are eligible for adult social care services only (**23%)** • Option 4: All day services should be open to people with mental

		health needs regardless of their eligibility for adult social care services (**36%)** In total 282 people answered this question with a surprisingly even split between the different options. The largest single response (36%) was that all services should be open to people with regardless of eligibility for adult social care services. However 41% of people elected Options 1 or 2, which would limit some services to people who have eligibility for adult social care services . Key themes from the consultation were: • The quality of staffing in day services has emerged as perhaps the single most important aspect for service users. • The consultation highlighted the amount of work that takes place outside of the building-based day services already e.g. The Other Group (TOG), Community Choir and Harrow User Group. • People want to have day services that work together with the other services they access and that they want them all to be responsive to their needs • Many people reported feeling afraid to leave the house, having experienced abuse in their neighbourhoods and a fear that without a day service to go to they would simply be stuck indoors. To address some of the concerns raised during the statutory consultation on the mental health day services, new services must take account of: **1. Flexibility of service provision** a) Take into consideration the changing nature of wellbeing and recovery b) Be available for those who have day time commitments such as employment, education and / or family / caring responsibilities c) Be available outside of normal office hours **2. Peer Support and Service User Opportunities**

		a) Incorporate peer support b) Involve users more in planning and delivering services c) Listen to, and respect, the voices of service users and carers. **3. Information** a) Have a central 'hub' of information available in person and on-line than can be accessed by all, including those with literacy difficulties b) Provide consistent, transparent and useful information for users and carers and staff. **4. Activities / opportunities at the Hub(s)** a) Provide a wide range of activities and opportunities based on the needs, expectations, interests and abilities of service users. b) Provide space for a wide range of groups and organisations e.g. Haayan c) Run activities that support people to achieve important outcomes d) Address the need for vocational support to increase the number of people with mental illness into employment. **5. Barriers** a) Be accessible to people with mental illness from all communities within Harrow and be sensitive to the needs of those with caring and / or parental responsibilities. b) Be based within accessible locations. c) Focus more on service quality as well as the physical environment at a building d) Take a role of reducing stigma and discrimination within local communities. **6. Attitudes of staff** a) Listen to and respect the needs of people using services and carers: including physical health care needs and the need for psychological interventions.

		b) Take into account individual circumstance, background and the social impact of distress. c) Be sensitive to the individual and fluctuations in peoples' mental health. **7. Outcomes** a) Have clear, measurable outcomes to improve lives; b) Be accountable to commissioners and service users; **8. Role of the Community Bridge Builder** a) Clearly define the Community Bridge Builder role and its fit with the existing care pathway in Harrow, ensuring there is no duplication of roles. b) Ensure that the Community Bridge builders are well trained, experienced workers with the skills to support a wide range of service users. c) Ensure that the hub(s) and bridge building and Harrow Mental Health services work closely together. **9. Family and Carer support and involvement** a) Consider the involvement of families and carers where appropriate. b) Allow service users to determine who is their carer and how they should be involved. c) Consider the support needs of carers

Specific feedback from **Mind in Harrow** (a full copy of feedback available on the Council's website)		Mind in Harrow supports some of the overall principles stated in the consultation document: • We are positive about the intention to retain at least one building-based service or "Hub", as service users in Harrow have consistently given feedback to us that it is essential to have a safe space for periods in their recovery. • We were pleased to see reference to "service user led activities" at the Hub. • We welcome the intention to increase opportunities for social and community integration. • We also welcome the chance to debate the benefits of a preventative approach towards mental health within adult social care, which has been a Harrow Council flagship for other care groups through Reablement. • We agree that the "Expected Outcomes for the new Harrow services" are a good benchmark to assess whether the proposals for Harrow Mental Health Day Services are addressing current community needs. We welcome your public statements that you are open to seeing the proposals significantly altered in response to the consultation feedback and will hold you to that! We have particular concern that the current proposal does not address five of the "Expected Outcomes for the new Harrow services" and we suggest that the proposal would need to be radically improved in these areas before being recommended to Harrow Cabinet. **Choice** • Increased number of people controlling their own support • Increased number of people in receipt of direct payments and personal budgets

		Unfortunately, the proposal document refers to personal budgets in only general terms and focuses primarily on a traditional commissioned block contract approach. The worst case scenario is that the Council with CNWL NHS Foundation Trust will spend a further year working out the tender process to create a new and traditional day service, which is almost immediately progressively de-commissioned to free up resources for personal budgets and delays the full uptake of personal budgets considerably. A secondary impact would be that there would be very little chance for local market development for other providers if one block-contracted provider has a monopoly over day service resources. In other words, mental health is behind other care groups already and this proposal could delay access to personal budgets and a viable market even further! We feel that you will miss a golden opportunity to incorporate a direction of travel to full personalisation through a transition phase if this proposal goes ahead. We agreed that it would be counter-productive and too risky to attempt to introduce full personalisation overnight but we would argue that it is also counter-productive to return to wholesale commissioning practices because we do not believe the current model will meet community needs. For example, Bridge Builders are more or less a mixture of Support Planning & Brokerage coupled with a Personal Assistance (PA) role if described in personalisation terms. Could some of the Bridge Builders workforce be Support Planning & Brokerage Workers from the outset and could some of the resources be freed up for personal budget holders to be supported to purchase Personal Assistants (PA) both to drive uptake of personal budgets and encourage provider market development? Or for example, could the structured recovery programmes within the Hub be offered and purchased on a personal budget basis from the outset while other aspects of the Hub are grant funded? **Diversity** • Equality of access to day services for all people with mental health problems • Services which specifically meet the needs of under represented groups and actively work to engage them.

		Choice and control are naturally closely related to diversity. We have observed and have received regular feedback over many years that existing day services do not meet the needs particularly of: • Refugee communities, which are now around 15% of the Harrow population and have higher incidence of mental health needs and • Young adults between the approximate ages from early twenties to mid-thirties, who can become lifelong mental health services users if they do not have timely access to services which help them recover a full life. We are very concerned that there are almost no specific proposals to "actively work to engage them" described in either the Community Bridge Builder or Hub services. We believe that there is no evidence that these two service models will address these needs. **Employment** • Increased number of people raising their employability and being ready for work • Increased number of people being referred to employment support services

We believe the vocational capacity in the proposal is weak, relative to 80% or more unemployment rate of people experiencing serious mental health problems in Harrow and the extra challenges presented by the economic downturn. The employment rate for mental health service users on CPA is KPI.

We are sceptical that the Community Bridge Builder service will contain the specialist expertise needed to deliver quality vocational outcomes and increase the work readiness of service usera. For example, it has been recognised that Community Mental Health Teams cannot meet the vocational needs of their clients without an Employment Specialist Worker, which CNWL NHS Foundation Trust aims to have within each CMHT. In government research, the Individual Placement Scheme (IPS) has figured highly as an effective, evidence-based model of choice. Both approaches are endorsed in *DH Vocational services for people with severe mental health problems: Commissioning guidance (Feb 2006)*

We are concerned also that the description of the Hub makes no specific reference to vocational services, downgrading radically the existing provision offered by Wiseworks. *DH Vocational services for people with severe mental health problems: Commissioning guidance (Feb 2006*) promotes the need for supported employment for some people as appropriate through social enterprises or social firms. Could Wiseworks be developed into this service, building vocational capacity within the Hub model?

Service user involvement
• Increased levels of involvement of service users in the design, delivery, management, review and development of services • Increased number of people with mental health problems accessing peer support and self help activities

Social networks
• Increase in the size and range of social networks for people with mental health problems • Increased number of people with mental health problems maintaining social and caring roles.

We foresee the current proposal creating a gap and big leap for service users between a fully segregated Hub service to the fully mainstreamed Community Bridge Builder service. We suggest that "peer support and self-help activities" to build social networks is an essential element in the community infrastructure,

		very much in the same way as Harrow Council is investing in Circles of Support for Older People. We would like to see Harrow Council develop a similar preventative and potentially self-sustaining model with mental health service users. For example, Timebanking is a comparable approach being piloted in some mental health services, as it offers both social and economic incentives for participation. http://www.timebanking.org/about/ **Duplication/Partnership Working – Preventative approaches** We are not convinced the Community Bridge Building Service will be easily differentiated from other community teams being redesigned in Harrow mental health services at the moment. I suggest that one approach to avoid the chance of duplication and drawn the most value from limited resources would be to invest some of the available budget in a preventative service joined up with either Reablement or new NHS mental health Assessment and Brief Intervention Team (ABIT) developed by CNWL NHS Foundation Trust. We believe that this approach could work well if the service is being delivered by a third sector organisation in close partnership with statutory providers to combine sector expertise. **On a point of accuracy in the consultation document** The majority of Mind in Harrow's day service provision is not funded by Adult Social Care but raised from grant-making trusts and the Big Lottery Fund and therefore is accessible by anyone experiencing a mental health problem and not exclusive to people who are FACS substantial or critical. A meeting with Officers has taken place with the Chief Executive of Mind in Harrow to explore the comments included in the organisation's feedback. It was noted that a number of their points will be addressed in the development of a detailed service specification.
Specific feedback from **Harrow Association of Disabled People**		1. Agree that people should be given personal budgets and try to avoid service held budgets where possible 2. There is a need for support for service users completing the paperwork necessary to process a PB. Also, there is a need for creative support planning and brokerage. Will this support planning and brokerage be part of MHDS provision and / or provided by

		voluntary sector partners? 3. Ensure support in place for people who are vulnerable to misusing or mismanaging any aspects of that budget. 4. Don't agree with the title 'day services' it sounds extremely institutional. Need to think in terms of meeting lifestyle needs, and use a different term which reflects that – words are important because they keep dragging people back to the past if terms that belong in institutions are used 5. Consultation is with service users and carers and organisations and the general public – is there a priority regarding whose wishes will be prioritised if there is a conflict – includes for this consultation and in day to day life. Does CNWL have a clear priority on this? 6. Broadly agree with the use of a 'Community Bridge Builder' as long as people who prefer to follow solo activities (not as a mental health issue but because of their personality) are not made to feel they are failures if they do not wish to engage in community events. Creativity around activities is essential and there is a clear need for person centeredness. 7. Risk in setting rigid outcome measures and how this might adversely impact on SU's. If services are working towards specified outcomes with predetermined ways to meet the outcome, this could lead to people being excluded from using services if they do not fit in with this prescribed way of working. Individual SU's may benefit greatly from support, activities and have achievements that are not measurable for the service in terms of outcomes, but are no less important for the SU. Outcome focused ways of working need to cater for this individualism. 8. There is concern for those who are currently using day services that may no longer exist, or that they may no longer be eligible to access.

		These people should be given extra support to make this transition and maintain meaningful activity and support. 9. Agree that a hub is still required, and would see a couple of places at different spots in the borough as being useful to meet those needs, rather than recreating one day centre. 10. Agree that recovery, rather than maintenance of health should be priority, and agree with the following aims: a. Provide community based support to individuals with mental health problems, supporting them to access wider opportunities rather than just mental health services b. Provide support focused on improving independence, including access to work and learning new skills, but important to remember here that real independence is not just about doing things without help, but is about people meeting their own needs and goals, and that can be expensive in terms of support. So if this commitment is made it needs to be backed up by appropriate support. c. Plan and work within the seven particular life domains; the arts, education, sport & exercise, neighbourhood (with finance and housing), volunteering, employment and faith, spirituality & cultural communities to enable people to have the same opportunities and choices as everybody else. d. Support people in the process of their recovery. This means regaining skills, confidence, interests and being able to live with their illness and find ways to cope. e. Use resources for those in most need whilst ensuring prevention is high on the agenda.

		f. Support individuals to access a personal budget to improve outcomes, choice, control and independence g. It seems appropriate to add maintenance or perhaps attainment of, relationships to this, also ambition regarding own lifestyle. 11. Benefits and impacts noted on pages 5 and 6 are fine, not very clear about the relationship between the proposed model and the outcomes, but assume there is sufficient evidence to back up the use of this model in an area with a population similar to Harrow? 12. Very interested to see EQIA on completion. 13. The 'Expected outcomes' table is too generic and positive for anyone to disagree with really, but it's important that the last part was included about staff outcomes, without which of course there is limited ability to make any changes. If staff have been comfortable helping to maintain people for years how will they move to a more active way of working? If there is insufficient staff capacity, how will priorities be decided? How will the voluntary sector be used, and how will bridges between hospital discharge and transition to a personal budget be made? I think if those issues are not included, it will be really hard to create new models. Key to this are also processes regarding DPs and Personal Budgets which should be as simple, jargon free and user friendly as possible for staff and for service users. 14. I am concerned as to the impact of contract funding for new day services on the availability of money for PB's. 15. It seems unwise to give the contract for day services to just one provider, as this will limit choice and control for SU's. 16. If SU's are to be FACs eligible to use the community bridge builder service within MHDS , there should be a similar provision within the

		voluntary sector for those who are not FACs eligible. This, along with further service provision fopr those who are not FACs eligible, could help in terms of preventative support. 17. SU's etc should be thoroughly involved in the tendering process for new providers, and in the quality review of service provision in action. 18. Commissioning should have a focus on creating holistic MHDS's where quality and the meeting of needs of SU's take priority over cost savings. 19. Future MHDS provision needs to cater for groups who are currently under represented within service users i.e. younger adults – 18 to 35, BAMER groups – especially Afghan, Tamil, eastern European. Ideally a range of specialist, yet inclusive services are needed to avoid separation of people in separate service provision. It is unclear as to how changes in MHDS will impact on other services provided by the voluntary sector
Specific feedback from Harrow Rethink Support Group (extract included here which **directly relates** to the mental health day services proposals)		The listed outcomes are to be commended…but members of the Support Group, including those who are also members of the Harrow Mental Health Day Services Steering Group, say that they are impossible to attain without a clear pathway of care and an understanding of why health, social and mental health needs of people in Harrow with a mental illness are not being met. Harrow Rethink Support Group does not agree with the proposed model. It is unfair and against LB Harrow's Equality Duty not to first make sure that standards of care for Harrow residents suffering with a mental illness are reliable and of the highest standard. Present mental illness services rely on the medical model, relying on quelling positive symptoms of mental illness as a sign of a successful outcome. Social care has been overlooked, leaving too many to stay isolated.

		Any new or old services should be available to all affected by mental illness. {A sad quote from one older carer member of the Support Group highlights how needs are not being met, when they said, “They know we are here but I get no follow up between reviews to ask how my life is going coping with my partner with dementia and a son with OCD and severe mental illness, who has never had a care coordinator.”} Members have seen and experienced results of 3 Confidence for Life Courses. Carers’ lives changed too for the 6 to 12 weeks during the Confidence for Life training that their family member took part in, seeing their motivation increase and horizons being extended, and getting involved with ongoing activities that begin to link people with the community with confidence. One of them, Harrow Community Choir, co-directed by services users and run by service users and carers together has proved over 2 and half years that it is a springboard to link with society as an equal again. The Confidence for Life ‘philosophy’ tackles needs ‘head on’ and does not leave the start of their resolution to happen ‘elsewhere’…perhaps! The Confidence for Life model is too good not to be used in any service for daytime in Harrow. Members are a cross section of society, a mix of male & female, religious & sexual orientation, races, marital status, and have a wide range of caring responsibilities.
Specific feedback from LINks (to Overview and Scrutiny Committee)		**The concerns that have been brought to our attention are:** 1. There is no evidence to suggest that a current needs assessment has been conducted by the Council and, because they have failed to establish need, they are unable to provide any numerical data in the document concerning the magnitude of the intended provision. 2. There is no information in the document to indicate who is in receipt of the current service and what criteria have been applied to allow such receipt. There is no indication as to who, in the future, will be eligible to utilise day services and what criteria will be applied to determine such eligibility.

		3. There is no financial information provided. What is the cost of the current service and what savings are to be made as a result of providing a new service? 4. In July 2010 a Day Services Steering Group was established to facilitate the development of a new service. The views expressed by the service users and carers on the structure, staffing, focus and delivery of the intended service were repeatedly rejected by both Officers appointed to carry out the consultation process. (There was an Officer from the current service provider NHS Trust and one from the Harrow Council Commissioning facility.) 5. The Consultation Document was launched on 12th December 2011 without having been seen by the steering group members. In Steering Group meetings between July 2010 and April 2011 five draft documents had been produced. The fifth document was commented upon in considerable detail and allegedly resulted in a sixth draft to which verbal reference was made in the September 2011 meeting. The group were never given sight of the sixth draft. 6. The document fails to ask stakeholders (users, carers, and staff) what they require from a new service. 7. The "questionnaire" in the document is apparently useless. "Questions" 1 – 12 are statements, not questions. They are a list of highly desirable "outcomes" with which no one could disagree. Questions 12 – 15 cannot be answered because of the failure of the document to provide the information required to answer them! 8. The document provides scant information about the proposed day service model, how it will work, and how it will be integrated with current CNWL 'Service Lines'. 9. The LINk is concerned that CNWL, MIND, MENCAP, and HAD, who are service providers who may also wish to bid to provide the service, have been party to the consultation events. The LINk believes the Council should have employed an independent facilitator, to conduct the public meetings. 10. The "Easy Read" version of the document was not made available until on or about 10th February 2012; however there are more pages in it than in

		the original version. 11. Without sight of an unambiguous statement about the intended service model accompanied by a detailed service specification, one cannot provide an opinion on the "Hub" (buildings) requirements. 12. The service is to be staffed by "Bridge Builders" but nowhere is there an indication of what qualifications they will possess, what their job descriptions are to be, how they will be appointed and to whom they will be accountable. Perhaps this information could have been outlined in an attachment. 13. There is no indication of how the "new service" will be accountable to those whom it is to serve. 14. The "What Words Mean" section has some questionable definitions and some serious omissions. 15. The veiled threat to prevention services is unacceptable; all the more so because "prevention" is not defined in the document. 16. The pages are not numbered.

Stage 3: Assessing Impact and Analysis

8. What does your information tell you about the impact on different groups? Consider whether the evidence shows potential for differential impact, if so state whether this is an adverse or positive impact? How likely is this to happen? How you will mitigate/remove any adverse impact?

Protected Characteristic	Positive	Adverse	Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur.	What measures can you take to eliminate or reduce the adverse impact(s)? E.g. consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 5)
Age (including carers of young/older people)			None of the current buildings-based services appear to attract people aged 18-29 years. This may be due to the fact that young people in this age group are accessing the Hillingdon and Harrow Early Intervention Service. The EIS only works with clients for up to three years and some people would probably require ongoing support from Harrow Mental Health Services and possibly day services/opportunities/vocational	Further research required to identify where people in the age groups 18 to 29 and 30=40 are currently receiving support. Ensure that the needs of older people currently using mental health day services are provided for in the new services including the need to have accessible hub(s).

			support. A small focus group of young people from Harrow were involved in the consultation and they indicated that current services are not 'youth friendly' and have very little to offer their age group. Clients aged 30-40 do not appear to be accessing any of the current services in great numbers. The percentage of clients in this age group using Wiseworks is broadly in line with what would be expected if compared to the overall age range of people in contact with HMHS, but both The Bridge and Marlborough Hill have an under-representation of service users in this age bracket. The Bridge appears to be providing services to an older cohort of service users with 35% of service users in the 60+ age bracket. Clearly when introducing new services it will be crucial to design services with these clients in mind. It will also be necessary to consider accessibility as given the age range of clients at The Bridge many have additional physical needs that must be met e.g. support for personal care and mobility.	Involve young people are involved in planning and designing the new model of services in Harrow. People involved in the mental health day services consultation have told us that they need services that are more flexible and are focused on recovery and reducing isolation. These issues will be addressed in the detailed service specification. People have told us that they do not fully understand the role of community bridge builder. We will ensure that the role is well defined and that service users and carers are involved in the defining of the role.
Disability (including carers of disabled people)			The majority of people with additional physical needs (personal care and mobility) are currently using The Bridge service. The building is fully accessible, being on a single level with wide corridors and doorways. The decision where to locate the hub or hubs will need to take into account the ageing client-group at the Bridge to ensure that they are not adversely affected by the service provision. Further work as part of the implementation will be required to ensure that clients with additional physical disabilities are identified and their needs are planned for.	We will ensure that there is accessible space(s) in the community for people who have mental health and additional physical needs are accommodated.
Gender Reassignment			Monitoring information is not collected on this protected characteristic.	

			No adverse impact anticipated	
Marriage and Civil Partnership			Monitoring information is not collected on this protected characteristic. No adverse impact anticipated	
Pregnancy and Maternity			Monitoring information is not collected on this protected characteristic No adverse impact anticipated	
Race			At present there is a high proportion of Asian women accessing The Bridge. The Bridge facilitates an Asian Women's group which is extremely popular. Many of the attendees are also over the age of 50. The group was praised at the consultation session at the Bridge as women find the activities stimulating and accessible. It is also noted that very few (if any) people from the Somali community access the current day services in Harrow preferring to attend the Haayan project.which although is not a day service provides advocacy, and support via peer workers . Black and Minority Ethnic communities appear to have engaged with the consultation with 57% of responses to the questionnaires coming BAME respondents. It was noted by Mind in Harrow that: *'Refugee communities which are now around 15% of Harrow's population have a higher incidence of mental health needs'.* And Harrow Association of Disabled People (HAD) said *'Future MHDS provision needs to cater for groups who are currently under represented within service users i.e. younger adults – 18 to 35, BAMER groups – especially Afghan, Tamil, eastern European. Ideally a range of specialist, yet inclusive services are needed to avoid separation of people in separate*	In delivering a modernised service provision it will be necessary to ensure equitable provision across all users of mental health services in Harrow. We will particularly consider the needs of people with mental health problems from Black and Minority Ethnic Communities who have identified specific barriers in accessing the current day services. The requirement for equitable provision will be included in the detailed service specification. Harrow Council will work with these communities to ensure that we have services that are accessible and do not present barriers.

<table>
<tr><td></td><td></td><td></td><td>service provision’.</td><td></td></tr>
<tr><td>Religion or Belief</td><td></td><td></td><td>Information not provided by current services. Data from the 368 people who responded to the questionnaire showed the following representation of responders according to religion or belief
:
<table><tr><th>Religion or Belief</th><th>#</th><th>%</th></tr><tr><td>Christian</td><td>114</td><td>33.9%</td></tr><tr><td>Hindu</td><td>97</td><td>28.9%</td></tr><tr><td>No religion</td><td>28</td><td>8.3%</td></tr><tr><td>Muslim</td><td>25</td><td>7.4%</td></tr><tr><td>Other religion or belief not listed</td><td>19</td><td>5.7%</td></tr><tr><td>Jewish</td><td>17</td><td>5.1%</td></tr><tr><td>Prefer not to say</td><td>16</td><td>4.8%</td></tr><tr><td>Jain</td><td>16</td><td>4.8%</td></tr><tr><td>Buddhist</td><td>3</td><td>0.9%</td></tr><tr><td>Sikh</td><td>1</td><td>0.3%</td></tr><tr><td>Total</td><td>336</td><td></td></tr></table>
No impact identified</td><td>In delivering a modernised service provision it will be necessary to ensure equitable provision across all users of mental health services in Harrow this will include the requirement to meet service users religious needs. We will ensure that the detailed service specification takes account of the religious needs of service users and the requirement to monitor this key service element in the future provision.
If services are tendered we will ask prospective providers to outline how they will meet the religious needs of service users as part of the tender application</td></tr>
<tr><td>Sex (gender)</td><td></td><td></td><td>According to the Harrow Mental Health Services data provided by CNWL there are 54% female and 47% males using the Trust’s services. The figures relate to all services provided by HMHS not simply day services. Current services are open to both men and women however the Wiseworks service appears to attract less women with only 26.5% of the users being women; compared with the HMHS percentage of 54% female. This service is focused on woodwork, horticulture, photography, desk top publishing and computers and may need to consider some diversification to attract female clients. In addition the</td><td>There is an under-representation of female clients in two of the current day services (Marlborough Hill and Wiseworks). The detailed specification for the new services will address the under-representation of women and will require providers to develop services that particularly attract female service users.

The mental health steering group will engage with female service users when developing the service specification for the new day service provision.</td></tr>
</table>

			environment has a workshop feel to it which may not be as attractive to women. The staff at Wiseworks are predominately male (5 out of 7 staff). There appears to be a small under-representation of female clients at Marlborough Hill too (42%). When proposing the new model for day services in Harrow it will be necessary to consider the current under-representation of female clients in these services as a duplication of these services without consideration of how the services may need to changes to meet women's needs may lead to an adverse impact on women.	Refer to the Dept of Health commissioning framework 'Supporting Women into the Mainstream, commissioning women-only community day services' (2006 Gateway reference 5357) and *Department of Health. (2003).Implementation Guidance: Mainstreaming Gender and Women's Mental Health.*London: Department of Health. ***http://nimhe.csip.org.uk***
Sexual Orientation			Monitoring information is not collected on this protected characteristic. No adverse impact anticipated	
Other (please state)				

9. Cumulative impact – Are you aware of any cumulative impact? For example, when conducting a major review of services. This would mean ensuring that you have sufficient relevant information to understand the cumulative effect of all of the decisions. **Example:** A local authority is making changes to four different policies. These are funding and delivering social care, day care, and respite for carers and community transport. Small changes in each of these policies may disadvantage disabled people, but the cumulative effect of changes to these areas could have a significant effect on disabled people's participation in public life. The actual and potential effect on equality of all these proposals, and appropriate mitigating measures, will need to be considered to ensure that inequalities between different equality groups, particularly in this instance for disabled people, have been identified and do not continue or widen. This may include making a decision to spread the effects of the policy	Adult Services has recently introduced the Fairer Contributions Policy which included the introduction of criteria for Adult Social Care Transport and changes to Concessionary travel. CNWL has recently in the process of introducing service lines with the implementation of new community teams and services. For mental health users of more than one service there may well be a cumulative impact i.e. if somebody attends a day centre, uses Adult Social Care Transport and has a support package, following a financial assessment they may be asked to contribute to the total cost of that care package in addition to experiencing a change in their key worker/care coordinator and psychiatrist due the implementation of the new structure in community mental health teams into Assessment and Brief Treatment(ABIT) and Community Recovery. We will work with CNWL to identify users and carers who may be impacted by multiple changes. We are working with partner agencies to ensure that all users and carers are receiving their full benefit entitlement and are

elsewhere to lessen the concentration in any one area.	exploring various options to minimise the impact of the transition. The national Work Capability Assessment and changes to benefits system, abolishing Disability Living Allowance & new Council Tax Contribution policy may impact on the cumulative effect of changes to Day Services in Harrow.

10. How do your proposals contribute towards the requirements of the Public Sector Equality Duty (PSED), which requires the Council to have due regard to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups.

(Include all the positive actions of your proposals, for example literature will be available in large print, Braille and community languages, flexible working hours for parents/carers, IT equipment will be DDA compliant etc)

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010	Advance equality of opportunity between people from different groups	Foster good relations between people from different groups	Are there any actions can you take to meet the PSED requirements? *(List these here and include them in the Improvement Action Plan at Stage 5)*
			• Ensure that service monitor all nine protected characteristics • Ensure that the needs of women with mental health needs are included in the design of the proposed services as they are currently under-represented; • Ensure that the needs of Black and Minority Ethnic Communities are addressed in the design and implementation of the new services particularly the

			needs of the Somali, Tamil , South Asian and Eastern European communities. • Ensure that needs of the users of the current mental health day services are provided for both in the selection of hub(s) and in the careful implementation of changes to services

11. Is there any evidence or concern that your proposals may result in a protected group being disadvantaged (please refer to the Corporate Guidelines for guidance on the definitions of discrimination, harassment and victimisation and other prohibited conduct under the Equality Act)?

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes									
No	x	x	x	x	x	x	x	x	x

If you have answered "yes" to any of the above, set out what justification there may be for this in Q12a below - link this to the aims of the proposal and whether the disadvantage is proportionate to the need to meet these aims. (You are encouraged to seek legal advice, if you are concerned that the proposal may breach the equality legislation or you are unsure whether there is objective justification for the proposal)

If the analysis shows the potential for serious adverse impact or disadvantage (or potential discrimination) but you have identified a potential justification for this, this information must be presented to the decision maker for a final decision to be made on whether the disadvantage is proportionate to achieve the aims of the proposal.

If there are adverse effects that are not justified and cannot be mitigated, you should not proceed with the proposal. (select outcome 4)
If the analysis shows unlawful conduct under the equalities legislation, you should not proceed with the proposal. (select outcome 4)

Stage 4: Decision

12. Please indicate which of the following statements best describes the outcome of your EqIA (tick one box only)

Outcome 1 – No change required: when the EqIA has not identified any potential for unlawful conduct or adverse impact and all opportunities to enhance equality are being addressed.	
Outcome 2 – Minor adjustments to remove / mitigate adverse impact or enhance equality have been identified by the EqIA. *List the actions you propose to take to address this in the Improvement Action Plan at Stage 5*	

Outcome 3 – Continue with proposals despite having identified potential for adverse impact or missed opportunities to enhance equality. In this case, the justification needs to be included in the EqIA and should be in line with the PSED to have 'due regard'. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse impact and/or plans to monitor the impact. **(explain this in 12a below)**	
Outcome 4 – Stop and rethink: when there is potential for serious adverse impact or disadvantage to one or more protected groups. (You are encouraged to seek Legal Advice about the potential for unlawful conduct under equalities legislation)	
12a. If your EqIA is assessed as **outcome 3**, explain your justification with full reasoning to continue with your proposals.	

Stage 5: Making Adjustments (Improvement Action Plan)

13. List below any actions you plan to take as a result of this impact assessment. This should include any actions identified throughout the EqIA.

Area of potential adverse impact e.g. Race, Disability	Action proposed	Desired Outcome	Target Date	Lead Officer	Progress

All protected groups	Ensure that services monitor all nine protected characteristics Include the requirement for Harrow Council's equality monitoring to be followed by the provider of services via the detailed service specification. Many people voiced concern/anxiety about change in current services. The implementation plan will include a detailed communication plan which will include the need to keep current uses of services informed throughout the transition period from existing to new services. Information will be made available to users and carers in a variety of formats including easy read and face to face. The Steering Group will continue to operate and	Modernised service provision it will deliver equitable provision across all users of mental health services in Harrow Services that Continued monitoring of services and an ability to identify if any groups are being adversely impacted by services	To be included in new service specification – August 2012	Tim Miller	

	will be involved in monitoring the implementation of changes and continuing service delivery. There will be small task and finish groups feeding into the development of the tender (if required) /specification which will include the following groups: Age, Sex (gender and sexuality), and Race. The service specification will identify the development of peer support and how links with existing voluntary groups will be maintained and developed. There are no proposals to change the current eligibility criteria for services. There was a particular concern that people using drop-in services who do not currently need to be eligible for adult social care services would lose services. There is no proposal to change the eligibility to drop-in services.				

Race	Ensure that the needs of Black and Minority Ethnic Communities are addressed in the design and implementation of the new services particularly the needs of the Somali, Tamil, South Asian and Eastern European communities. Include the requirement for Harrow Council's equality monitoring to be followed by the provider of services via the detailed service specification. The issue of language barriers were raised by several people attending groups in the community. We will work with exiting groups to develop close links with the Hub which will include offering groups space in the Hub to meet and also the development of peer support. As part of the implementation plan including the development of the service specification	Ideally a range of specialist, yet inclusive services are available to avoid separation of people in separate service provision to be explored by the sub group that will feed in to the service specification. In addition the development of peer support where support will be offered by people who have experience of mental health Service Specification for the new services will reflect the needs of people with metal illness from BAME communities and will develop closer links than exist in the current service provision.	From August 2012 and ongoing	Tim Miller	

	we will engage with people with mental illness from black and minority ethnic communities. We will do this via a task and finish group that reports into the wider Mental Health Steering Group.				
Age, Disability	Ensure that needs of the users of the current mental health day services are provided for both in the selection of hub(s) and in the careful implementation of changes to services. If the proposals to Cabinet are agreed a detailed transition plan will be developed which will include arrangements to review current users of services. We will ensure that there is sufficient capacity to assess those people who will require an assessment of their need of day services in Harrow. This will be done via a supported self assessment	Service users with additional physical needs are accommodated in services that meet their needs. To be explored by the sub group that will feed in to the service specification.	Immediately and ongoing	Tim Miller	

	to ensure that people with mental illness are given the opportunity for choice and control. Include the requirement for Harrow Council's equality monitoring to be followed by the provider of services via the detailed service specification. Ensure that Personalisation is further embedded in Mental Health Services giving people with mental illness opportunities for choice and control. This will be included in the service specification for new services and the design of the contract will support the incremental rise in personal budgets. The work to develop the detailed service specification will identify how we respond to the needs of people with specific mental illnesses and the differing needs for particular people with				

	disabilities. In order to address concerns raised by young people we will ensure that there is representation of younger people on the task and finish group that will develop the detailed service specification. Issues to be addressed are: employability, skills training, information sharing via website and peer support.				
Sex (Gender)	Ensure that the needs of women with mental health needs are included in the design of the proposed services as they are currently under-represented; Include the requirement for Harrow Council's equality monitoring to be followed by the provider of services via the detailed service specification.	A range of services that are open to service users of both sexes. To be explored by the sub group that will feed in to the service specification.	From August 2012 and ongoing	Tim Miller	

Stage 6 - Monitoring •				
14. How will you monitor the impact of the proposals once they have been implemented? How often will you do this? *(Also Include in Improvement Action Plan at Stage 5)*	We will continue to meet with the mental health steering group throughout the implementation phase of the new services and the impact of change will be monitored on an ongoing basis.			
15. Do you currently monitor this function / service? Do you know who your service users are?	Yes	(done by CNWL)	No	
16. What monitoring measures need to be introduced to ensure effective monitoring of your proposals? *(Also Include in Improvement Action Plan at Stage 5)*	Assessment of people currently using services affected by proposals. Commissioning will need a regular update regarding number of people assessed and the number of outstanding assessments. Also any potential adverse impacts identified in the process of assessment and support planning.			
17. How will the results of any monitoring be analysed, reported and publicised? *(Also Include in Improvement Action Plan at Stage 5)*	The Steering Group is continuing to work with the Council to ensure the monitoring arrangements are robust. The Steering Group will continue to meet to monitor the implementation and ongoing service delivery			
18. Have you received any complaints or compliments about the policy, service, function, project or proposals being assessed? If so, provide details.	See feedback in **Section 7** above from Mind in Harrow, HAD, LINk and Harrow Rethink Support Group. A significant amount of feedback from organisations focused on the consultation process itself, as did questions posed to the council's Cabinet during the consultation period. These concerns included a number about whether the questionnaire was satisfactory as well as considerable disquiet that it has not been shared with the steering group before publishing. Some of the responses from organisations questioned whether there was sufficient detail in the questionnaire to tell people about the proposals and whether people would be able to understand what was being asked of them. These comments led to some changes in the consultation including an extension of four weeks, an Easy Read and			

	translated versions of the questionnaire as well as additional sessions to help people to complete questionnaires. A key theme that was raised was that of Personalisation. Mind in Harrow in its response highlighted a consideration that the review lacked focus and details about how day services could be more personalised and made suggestions about alternative models to increase the understanding and quality of personal budgets. We received feedback about the importance of ensuring that services fit together. People were concerned that if services do not fit together then people may fail to have their needs met. There was also some feedback about perceived failings in other aspects of mental health services in Harrow. We also received a petition from users of The Bridge day service asking that it remain open; this was signed by 58 people. We also received a complaint about the timing of the Consultation Feedback session that took place on Friday 1 June 2012. The complaint raised concerns regarding the timing of the event (before a bank holiday weekend) and the lack of notice of the event. The complaint was addressed and it was noted that the consultation feedback report which was what was shared at the event will be widely available from June 2012.

Stage 7 – Reporting outcomes

The completed EqIA must be attached to all committee reports and a summary of the key findings included in the relevant section within them.

EqIA's will also be published on the Council's website and made available to members of the public on request.

19. Summary of the assessment **NOTE:** This section can also be used in your reports, however you must ensure the full EqIA is available as a background paper for the decision makers (Cabinet, Overview and Scrutiny, CSB etc) What are the key impacts – both adverse and positive? Are there any particular groups affected more than others? Do you suggest proceeding with your proposals although an adverse impact has been identified? If yes, what are your justifications for this? What course of action are you advising as a result of this EqIA?	
20. How will the impact assessment be publicised? E.g. Council website, intranet, forums, groups etc	Council website, mental health day services steering group.
Stage 8 - Organisational sign Off (to be completed by Chair of Departmental Equalities Task Group)	
The completed EqIA needs to be sent to the chair of your Departmental Equalities Task Group (DETG) to be signed off.	
21. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?	

Signed: (Lead officer completing EqIA)	*Amanda Dade*	Signed: (Chair of DETG)	
Date:	27.6.12	Date:	29.6.12