

# SSA EQUALITY IMPACT AND NEEDS ANALYSIS

|   |   |
|---|---|
| Directorate:  | Adult Social Care and Public Health   |
| Service Area:   | Mental Health   |
| Activity Assessment:  | Mental Health Commissioning Review  |
| Borough   | Wandsworth  |
| Staff:  | Lead: Richard Wiles<br>Head of Commissioning for Public Health, Wellbeing and Service Development |
| Date approved by Directorate Equality Group (if applicable) |   |
| Date approved by Policy and Review Manager:                 | 30th August 2023  |

## SUMMARY

Various gaps were identified in the data for mental health service users in respect of some of the protected characteristics. These relate to gender reassignment, marriage/civil partnerships and pregnancy and maternity. Another area where the required intelligence was missing was around the extent to which outcomes were being delivered for different groups of mental health service users. Various measures are proposed within this document to address these data issues.

The overall impact of the review recommendations is assessed as positive, and it is important that there is effective monitoring to ensure that the potential benefits are achieved. There is some risk that the recommissioning of services could result in changes to the Council's pool of service providers which have a destabilizing effect on some service users in the short term.

As part of the improvement programme, conditions will need to be created to support providers to acquire the skills to support mental health service users of all protected characteristics.

The Annual Report of the Director of Public Health 2023 highlighted inequities and inequalities faced by ethnic minorities in mental health. The marked over-representation of people from Black or Black British ethnic groups receiving social care for mental health needs broadly reflects the over-representation of these groups amongst people diagnosed with severe and enduring mental health problems. It is outside the remit of the accommodation-based services considered by this review to directly affect this over-representation, although the associated work around prevention services, linked to the Ethnic Mental Health Improvement Project (EMHIP) and the Community Mental Health Transformation Programme will seek to enhance the offer of accessible and appropriate interventions at an earlier stage, thereby reducing the need for long-term support. A key area to be addressed in accommodation-based services is to ensure that there are culturally appropriate services for black and minority ethnic communities, and that outcomes for different ethnic groups are systematically monitored and that action is taken to address any inequalities identified.

In recent years there has been an increase in the number of older people with mental health problems receiving social care support, and there is a need for increased provision tailored for this group. There is also a lack of provision for people with physical disabilities. These shortcomings will be addressed as part of the service transformation programme.

## 1. Background

### General context

One in four adults in England has a mental health disorder in any given year. This affects people from all walks of life, and anyone can be affected at any point. Understanding how mental health needs interact with economic, social and cultural situation is vital to ensure that services are configured to meet current and future need. [The Wandsworth Mental Health Needs Assessment 2022](#) provides detailed information about need at a local level. This EINA however relates specifically to Adult Social Care mental health services.

### The policy proposal

The mental health commissioning review focused primarily on accommodation-based services and alternatives to accommodation-based provision but acknowledged the need to develop a vision for low threshold and preventative provision and to assess its potential in managing demand for care services. The scope of the review encompassed:

- Current and future demand for adult social care services for people with mental health needs.
- Establishing the required capacity and preferred model of social care
- Joint commissioning arrangements and co-funding of provision.
- Interfaces between services that support people with co-occurring needs e.g., co-occurring substance misuse and mental health needs.
- Investment opportunities to achieve service improvement or savings.
- Setting out a plan for implementing a new service model.

The findings of the review fell into four broad areas:

- There had been insufficient focus on securing new buildings for accommodation-based care, and on monitoring and improving the existing estate;
- The current service model might be described as 'one size fits all', with little differentiation for varying cultures and presentations;
- The approach to service acquisition has been largely responsive, with a very high proportion of services spot purchased, contributing to higher costs than in comparable boroughs;
- Partly because of the number of different services used, there is limited contractual and quality assurance oversight of the provision used.

It is therefore recommended that the Council invests in additional staff resources for the commissioning of social care for mental health needs, initiating a project with the following aims:

- Recommissioning of services, utilising a framework approach, to include a variety of provision, including culturally specific services and 'housing first' approaches, underpinned by a clear commitment to the recovery model;
- Establishing an overview of the premises used and a systematic approach to securing opportunities for renewal and improvement of the estate;

- Centralising the purchasing of services through the Service Acquisition Team and devoting more resources to contract monitoring and quality assurance of mental health provision.

Full details of the findings and recommendations are set out in the report to be considered by the Health Committee on 20<sup>th</sup> September 2023.

### Population Overview

Wandsworth has an estimated 335,468 residents, which is the second largest population in Inner London. By 2031 the population is expected to increase by 6% to more than 355,000, which is one of the fastest rates of population growth in London. Wandsworth has one of the youngest populations in the country, with a median age around 33.7 years. The borough’s population is made up of 52% females and 48% males, and both are projected to increase by 13% (approx. 22,000) by 2029. It is estimated that around 45,900 Wandsworth residents have a common mental disorder.

### Profile of Wandsworth residents in receipt of social care services for mental health needs, 2018 - 2022

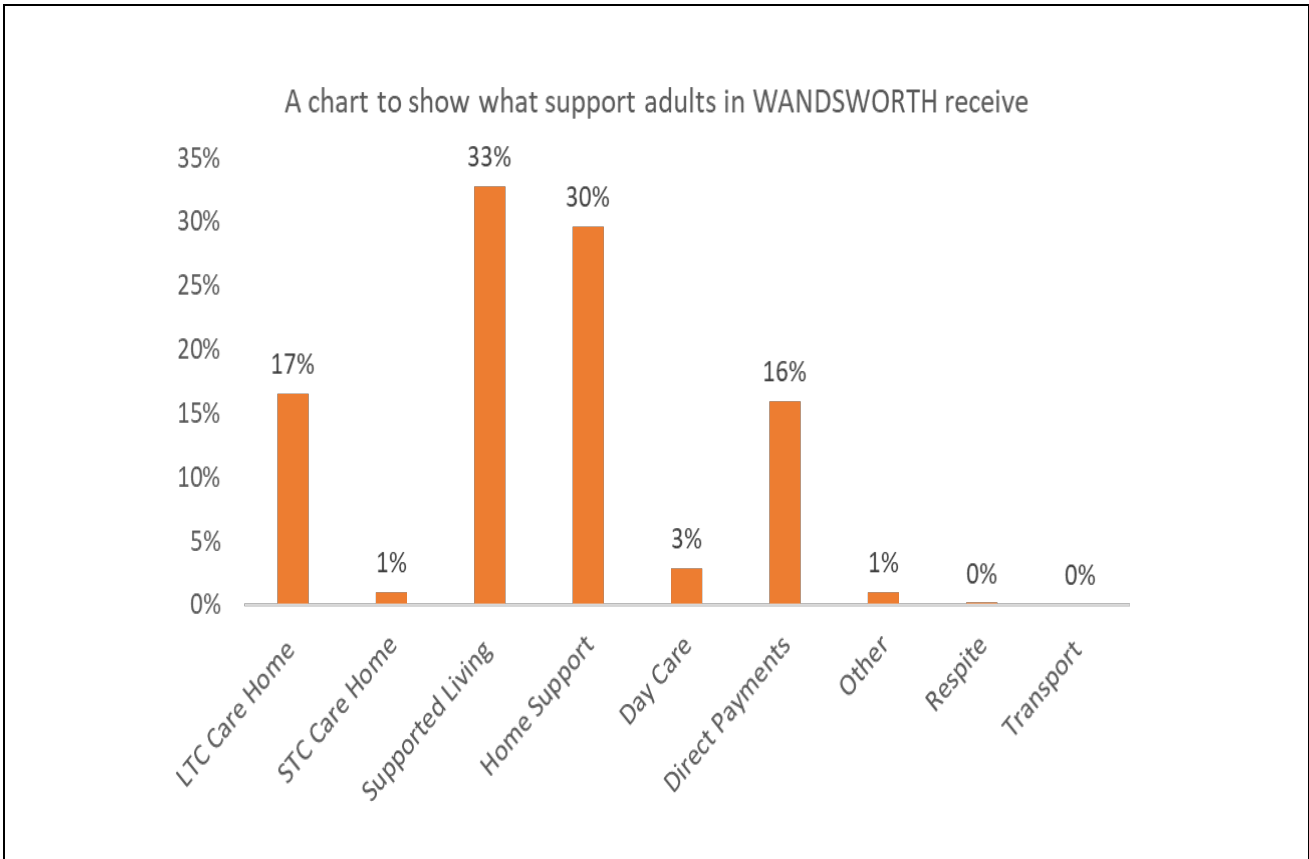
| Demographics of Mental Health Service Users of Adult Social Care Wandsworth | Year                   |         |         |         |     |
|---|------------------------|---------|---------|---------|-----|
|   | 2018/19                | 2019/20 | 2020/21 | 2021/22 |     |
| <b>Total Service Users</b>  | 498                    | 511     | 533     | 571     |     |
| <b>Total Service Users by Age</b>   | 18-24                  | 12      | 13      | 16      | 17  |
|   | 25-34                  | 41      | 45      | 47      | 46  |
|   | 35-44                  | 65      | 63      | 61      | 76  |
|   | 45-54                  | 111     | 113     | 120     | 110 |
|   | 55-64                  | 128     | 125     | 140     | 144 |
|   | 65-74                  | 100     | 105     | 101     | 107 |
|   | 75+                    | 41      | 47      | 48      | 71  |
|   | Unknown                | 0       | 0       | 0       | 0   |
| <b>Total</b>  | 498                    | 511     | 533     | 571     |     |
| <b>Total Service Users by Sex</b>   | Female                 | 228     | 226     | 233     | 250 |
|   | Male                   | 270     | 285     | 300     | 321 |
|   | Unknown                | 0       | 0       | 0       | 0   |
|   | <b>Total</b>           | 498     | 511     | 533     | 571 |
| <b>Total Service Users by Ethnicity</b>                                     | Asian or Asian British | 49      | 54      | 49      | 51  |
|   | Black or Black British | 156     | 168     | 176     | 199 |
|   | Mixed                  | 20      | 23      | 21      | 28  |
|   | Other Ethnic Groups    | <5      | <5      | 11      | 16  |
|   | White                  | 255     | 249     | 266     | 267 |
|   | Unknown                | 14      | 15      | 10      | 10  |
|   | <b>Total</b>           | 498     | 511     | 533     | 571 |

Source: Adult Social Care. 2018-2022.

The number of people eligible for support has consistently increased over the period and by a further 13 (2.6%) since April 2022. The median age of adults receiving social care for their mental health needs is just over 55 and has increased slightly over the period. Slightly more males are supported by Adult Social Care than females. In 2021/22, 47% of people with mental health needs supported by Adult Social Care identified as from a White ethnic background. This represents a reduction from 51% in 2018/19. Conversely, the proportion of people identifying as Black or Black British increased from 31% to 35%.

### Types of support

The following table shows the proportion of users receiving different types of support.



**2. Evidence gathering & engagement.**

a. *What evidence has been used for this assessment?*

| Evidence   | Source   |
|--|--|
| Population overview  | DataWand; ONS census data  |
| Profile of Wandsworth residents in receipt of social care services for mental health needs.<br>Profile of need, inequalities and deprivation in Wandsworth | Wandsworth Mental Health Needs Assessment 2022   |
| Number of service users of social care mental health services, broken down by age, gender(sex), race, religion, sexual orientation                         | An analysis by the Business Intelligence Commissioning and Quality Standards Division, Adult Social Services and Public Health |

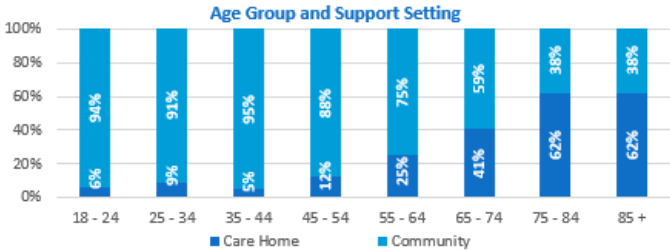
b. *Who have you engaged and consulted with as part of your assessment?*

Engagement and consultation in undertaking the review was overseen by a Project Board whose membership comprises representation of the Commissioning, Business Resources, Operations and Public Health divisions of the Directorate of Adult Social Care and Public Health, NHS representatives from both the Integrated Care Board and the Mental Health Trusts, and two service user representatives.

There has been targeted engagement with the South London Partnership of mental health trusts and with groups responsible for representing service user interests. Presentations have been given to the Wandsworth Mental Health Stakeholder Forum, which brings together the main voluntary and community sector and provider organisations with an interest in mental health and the Wandsworth Mental Health Partnership Board.

An Engagement Plan has been developed as a framework for further work in this area and is attached as an appendix to the report to be considered by the Adult Social Services, Health and Housing Committee. The key stakeholders being targeted within the plan are service users, unpaid carers, key staff (both internal/external), service providers, accommodation, the Voluntary and Community Sector as well as accommodation providers.

### 3. Analysis of need and impact

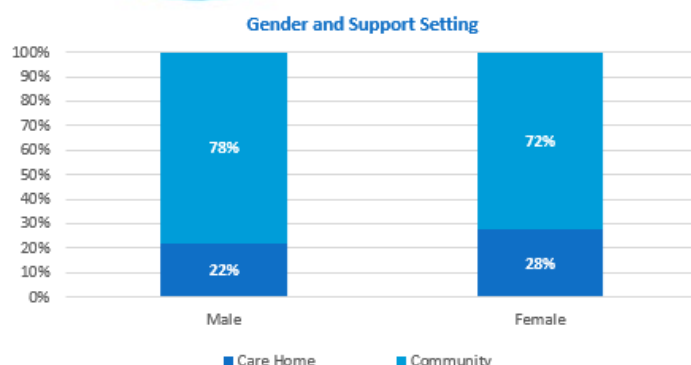
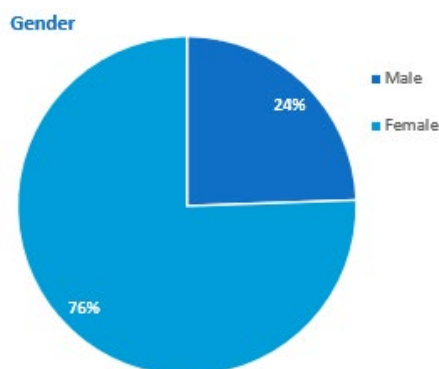
| Protected group | Findings   |               |               |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
|-----------------|--|---------------|---------------|--|------------|--------|---|---|-------|----|----|-------|-------|----|----|-------|-------|----|-----|-------|-------|----|-----|-------|-------|-----|-----|-------|-------|----|-----|------|-------|----|----|------|-----|----|----|------|-----------|---------------|---------------|---------|----|-----|---------|----|-----|---------|----|-----|---------|-----|-----|---------|-----|-----|---------|-----|-----|---------|-----|-----|------|-----|-----|
| Age             | <p>The following table shows the number and proportion of users of social care services for people with mental health needs, broken down by age, as at 31<sup>st</sup> March 2022, compared to the proportionate age breakdown of the adult population of Wandsworth:</p> <table border="1" data-bbox="373 701 932 1115"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Service Users</th> <th>Population</th> </tr> <tr> <th>Number</th> <th>%</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>18-24</td> <td>18</td> <td>3%</td> <td>10.8%</td> </tr> <tr> <td>25-34</td> <td>47</td> <td>9%</td> <td>32.1%</td> </tr> <tr> <td>35-44</td> <td>61</td> <td>12%</td> <td>20.1%</td> </tr> <tr> <td>45-54</td> <td>99</td> <td>20%</td> <td>14.8%</td> </tr> <tr> <td>55-64</td> <td>130</td> <td>26%</td> <td>10.6%</td> </tr> <tr> <td>65-74</td> <td>90</td> <td>18%</td> <td>6.5%</td> </tr> <tr> <td>75-84</td> <td>39</td> <td>8%</td> <td>3.7%</td> </tr> <tr> <td>85+</td> <td>13</td> <td>3%</td> <td>1.5%</td> </tr> </tbody> </table> <p>It will be noted that the age distribution of those using services is considerably older than that for the population as a whole.</p>  <table border="1" data-bbox="389 1283 1062 1532"> <caption>Age Group and Support Setting</caption> <thead> <tr> <th>Age Group</th> <th>Care Home (%)</th> <th>Community (%)</th> </tr> </thead> <tbody> <tr> <td>18 - 24</td> <td>6%</td> <td>94%</td> </tr> <tr> <td>25 - 34</td> <td>9%</td> <td>91%</td> </tr> <tr> <td>35 - 44</td> <td>5%</td> <td>95%</td> </tr> <tr> <td>45 - 54</td> <td>12%</td> <td>88%</td> </tr> <tr> <td>55 - 64</td> <td>25%</td> <td>75%</td> </tr> <tr> <td>65 - 74</td> <td>41%</td> <td>59%</td> </tr> <tr> <td>75 - 84</td> <td>62%</td> <td>38%</td> </tr> <tr> <td>85 +</td> <td>62%</td> <td>38%</td> </tr> </tbody> </table> <p>There were 495 Mental Health Service Users, 374 (76%) living in the Community receiving Services and 121(24%) residing in a Care Home. As can be seen, the proportion receiving support in a care home increases with age. This is likely to reflect the fact that, as people advance in age, their physical health begins to deteriorate and the need for support within care homes increases.</p> |               | Service Users |  | Population | Number | % | % | 18-24 | 18 | 3% | 10.8% | 25-34 | 47 | 9% | 32.1% | 35-44 | 61 | 12% | 20.1% | 45-54 | 99 | 20% | 14.8% | 55-64 | 130 | 26% | 10.6% | 65-74 | 90 | 18% | 6.5% | 75-84 | 39 | 8% | 3.7% | 85+ | 13 | 3% | 1.5% | Age Group | Care Home (%) | Community (%) | 18 - 24 | 6% | 94% | 25 - 34 | 9% | 91% | 35 - 44 | 5% | 95% | 45 - 54 | 12% | 88% | 55 - 64 | 25% | 75% | 65 - 74 | 41% | 59% | 75 - 84 | 62% | 38% | 85 + | 62% | 38% |
|                 | Service Users  |               | Population    |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
|                 | Number   | %             | %             |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| 18-24           | 18   | 3%            | 10.8%         |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| 25-34           | 47   | 9%            | 32.1%         |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| 35-44           | 61   | 12%           | 20.1%         |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| 45-54           | 99   | 20%           | 14.8%         |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| 55-64           | 130  | 26%           | 10.6%         |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| 65-74           | 90   | 18%           | 6.5%          |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| 75-84           | 39   | 8%            | 3.7%          |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| 85+             | 13   | 3%            | 1.5%          |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| Age Group       | Care Home (%)  | Community (%) |               |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| 18 - 24         | 6%   | 94%           |               |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| 25 - 34         | 9%   | 91%           |               |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| 35 - 44         | 5%   | 95%           |               |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| 45 - 54         | 12%  | 88%           |               |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| 55 - 64         | 25%  | 75%           |               |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| 65 - 74         | 41%  | 59%           |               |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| 75 - 84         | 62%  | 38%           |               |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| 85 +            | 62%  | 38%           |               |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |
| Disability      | <p>From the 2021 Census, 14.8% of the population of Wandsworth report that they are disabled, and 6.5% say that they have a disability that limits their activities a lot. All, or almost all, of the users of mental health social care services would be classed as disabled in respect of their mental health condition. There is, however, no reliable data on the number of</p>   |               |               |  |            |        |   |   |       |    |    |       |       |    |    |       |       |    |     |       |       |    |     |       |       |     |     |       |       |    |     |      |       |    |    |      |     |    |    |      |           |               |               |         |    |     |         |    |     |         |    |     |         |     |     |         |     |     |         |     |     |         |     |     |      |     |     |

users who have additional disabilities, e.g. physical, sensory, or cognitive impairments.

**Gender (sex)**

The following table and chart show the number and proportion of users of mental health social care by gender and support setting:

| Gender       | Support Setting |            |            |            |            |             |
|--------------|-----------------|------------|------------|------------|------------|-------------|
|              | Care Home       |            | Community  |            | Total      |             |
|              | No.             | %          | No.        | %          | No.        | %           |
| Male         | 62              | 22%        | 219        | 78%        | 281        | 57%         |
| Female       | 59              | 28%        | 155        | 72%        | 214        | 43%         |
| <b>Total</b> | <b>121</b>      | <b>24%</b> | <b>374</b> | <b>76%</b> | <b>495</b> | <b>100%</b> |



More service users were male, 281 (57%) compared to 214 (43%) female, an over-representation of males compared to the overall Wandsworth adult population which is 47% male and 53% female.

78% of male service users received support in community settings, compared to 72% of females. This suggests that there may be a need to create more opportunities for women to access support in the community, noting that some women may feel safer and better supported in single sex environments.

**Gender reassignment**

In the 2021 census, 0.6% of respondents in Wandsworth indicated that they had a gender other than that which they were assigned at birth. There are no data available on the proportion of users of mental health social care services who are transgender.

**Marriage and civil partnership**

56% of the Wandsworth adult population are single, 33% are married or in a civil partnership and 11% are separated, widowed or divorced. However, the marital status of people receiving social care for mental health needs is not routinely recorded and analysed. Accommodation-

based services are largely designed around single users and it is likely that people who are married or in a civil partnership are under-represented amongst service users, but there is no hard data to support this assumption.

**Pregnancy and maternity**  
There are no reliable figures available locally on the pregnancy/maternity status of the users of social care services for people with mental health needs.

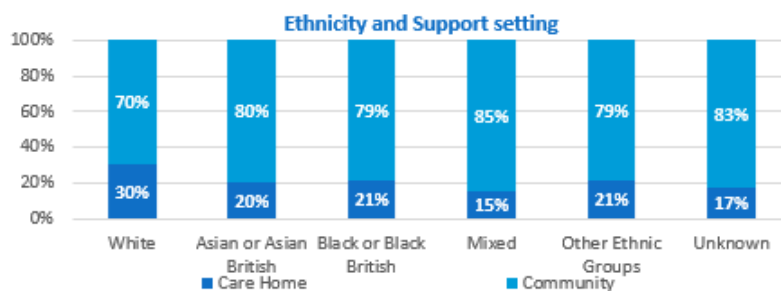
**Race/ ethnicity**  
The following table shows the number and proportion of users of social care services for people with mental health needs, broken down by ethnicity, as at 31<sup>st</sup> March 2022, compared to the proportionate ethnic breakdown of the population of Wandsworth:

| Broad ethnic group     | Service Users |     | Population |
|------------------------|---------------|-----|------------|
|                        | Number        | %   | %          |
| Asian or Asian British | 45            | 9%  | 11.7%      |
| Black or Black British | 178           | 36% | 10.1%      |
| Mixed                  | 26            | 5%  | 6.3%       |
| White                  | 226           | 46% | 67.8%      |
| Other ethnic group     | 14            | 3%  | 4.1%       |

From this, it can be clearly seen that people of Black or Black British ethnicity are massively over-represented amongst users of social care services for mental health needs. The level of over-representation may be even greater than the raw comparative figures suggest, once adjustment is made for the age profile of service users. Conversely, there is under-representation from White ethnic groups, and there may be some under-representation of people from Asian ethnic groups (although the latter may be explicable by the age profile of service users).

The Annual Report of the Director of Public Health 2023 provides a detailed analysis of the factors that may lead to poor mental health in minority ethnic groups.

The following chart shows the proportion of users of each ethnic grouping who received support in a care home or a community setting.



It will be noted that the proportion of service users receiving support in a care home is higher in the White population than in other ethnic groups.

There is currently no data available on comparative outcomes from service use for different ethnic groups.

|   |   |                          |       |                |       |          |      |                               |      |              |      |        |      |      |      |                |      |              |      |
|---|---|--------------------------|-------|----------------|-------|----------|------|-------------------------------|------|--------------|------|--------|------|------|------|----------------|------|--------------|------|
| <p><b>Religion and belief, including non belief</b></p>   | <p>The following table sets out the proportions of the Wandsworth population who identified themselves by religion in the 2021 census:</p> <table border="1" data-bbox="375 224 782 593"> <tr> <td>No religion</td> <td>36.2%</td> </tr> <tr> <td>Christian</td> <td>42.6%</td> </tr> <tr> <td>Buddhist</td> <td>0.7%</td> </tr> <tr> <td>Hindu</td> <td>2.0%</td> </tr> <tr> <td>Jewish</td> <td>0.5%</td> </tr> <tr> <td>Muslim</td> <td>9.9%</td> </tr> <tr> <td>Sikh</td> <td>0.3%</td> </tr> <tr> <td>Other religion</td> <td>0.6%</td> </tr> <tr> <td>Not answered</td> <td>7.2%</td> </tr> </table> <p>Religion was not recorded for 73% users of mental health social care services, so that any comparison between service user and population data has very little validity. However, amongst those for whom a religion was recorded, 68% identified a Christian, slightly lower than the 76% in the Wandsworth population. 19% of service users who identified themselves as Christian received support in a care home, compared to 23% of those who identified as having another religion and 26% of those whose religion was not recorded.</p>   | No religion              | 36.2% | Christian      | 42.6% | Buddhist | 0.7% | Hindu                         | 2.0% | Jewish       | 0.5% | Muslim | 9.9% | Sikh | 0.3% | Other religion | 0.6% | Not answered | 7.2% |
| No religion   | 36.2%   |                          |       |                |       |          |      |                               |      |              |      |        |      |      |      |                |      |              |      |
| Christian   | 42.6%   |                          |       |                |       |          |      |                               |      |              |      |        |      |      |      |                |      |              |      |
| Buddhist  | 0.7%  |                          |       |                |       |          |      |                               |      |              |      |        |      |      |      |                |      |              |      |
| Hindu   | 2.0%  |                          |       |                |       |          |      |                               |      |              |      |        |      |      |      |                |      |              |      |
| Jewish  | 0.5%  |                          |       |                |       |          |      |                               |      |              |      |        |      |      |      |                |      |              |      |
| Muslim  | 9.9%  |                          |       |                |       |          |      |                               |      |              |      |        |      |      |      |                |      |              |      |
| Sikh  | 0.3%  |                          |       |                |       |          |      |                               |      |              |      |        |      |      |      |                |      |              |      |
| Other religion  | 0.6%  |                          |       |                |       |          |      |                               |      |              |      |        |      |      |      |                |      |              |      |
| Not answered  | 7.2%  |                          |       |                |       |          |      |                               |      |              |      |        |      |      |      |                |      |              |      |
| <p><b>Sexual orientation</b></p>  | <p>The following table summarises responses from Wandsworth residents to the 2021 Census question on sexual orientation:</p> <table border="1" data-bbox="375 1052 909 1288"> <tr> <td>Straight or Heterosexual</td> <td>86.5%</td> </tr> <tr> <td>Gay or Lesbian</td> <td>3.0%</td> </tr> <tr> <td>Bisexual</td> <td>1.7%</td> </tr> <tr> <td>All other sexual orientations</td> <td>0.4%</td> </tr> <tr> <td>Not answered</td> <td>8.3%</td> </tr> </table> <p>Recording of the sexual orientation of users of mental health social care is very limited, with the orientation of 68% being recorded as 'unknown/prefer not to say'. Only 3 service users (less than 2% of those whose sexual orientation was recorded, and 0.6% of all users) identified as lesbian, gay or bisexual. Such small numbers make it impossible to draw any conclusions as to whether support settings or service outcomes differ for LGB service users.</p> <p>As the Mental Health Needs Assessment highlighted, there is strong evidence of a higher than average prevalence of mental disorders amongst the LGB population. It therefore appears likely that the low number of service users identified as LGB is the result of under-recording.</p> | Straight or Heterosexual | 86.5% | Gay or Lesbian | 3.0%  | Bisexual | 1.7% | All other sexual orientations | 0.4% | Not answered | 8.3% |        |      |      |      |                |      |              |      |
| Straight or Heterosexual  | 86.5%   |                          |       |                |       |          |      |                               |      |              |      |        |      |      |      |                |      |              |      |
| Gay or Lesbian  | 3.0%  |                          |       |                |       |          |      |                               |      |              |      |        |      |      |      |                |      |              |      |
| Bisexual  | 1.7%  |                          |       |                |       |          |      |                               |      |              |      |        |      |      |      |                |      |              |      |
| All other sexual orientations   | 0.4%  |                          |       |                |       |          |      |                               |      |              |      |        |      |      |      |                |      |              |      |
| Not answered  | 8.3%  |                          |       |                |       |          |      |                               |      |              |      |        |      |      |      |                |      |              |      |
| <p>Across groups, e.g. older LGBT service users or Black, Asian &amp; Minority Ethnic young men</p> | <p>As all service users would be categorized as disabled, those who have other protected characteristics will experience any impacts of the intersection between that characteristic and disability.</p> <p>There is, however, no systematic data on groupings with multiple protected characteristics.</p>   |                          |       |                |       |          |      |                               |      |              |      |        |      |      |      |                |      |              |      |



| <p>Socio-economic status (to be treated as a protected characteristic under Section 1 of the Equality Act 2010)</p> <p>Include the following groups:</p> <p>Deprivation (measured by the 2019 English Indices of Deprivation)</p> <p>Low-income groups &amp; employment</p> <p>Carers</p> <p>Care experienced people</p> <p>Single parents</p> <p>Health inequalities</p> <p>Refugee status</p> | <p><i>Area Deprivation</i></p> <p>There are very strong links between deprivation and mental health problems. Living in a deprived area, irrespective of individual circumstances, increases the likelihood of suffering poor mental health.</p> <p>According to the Index of Multiple Deprivation (IMD), in 2019 Wandsworth ranked 173rd out of 317 local authorities in England for deprivation (where 1st is the most deprived). At the more local level, only 13.4% of Wandsworth’s Lower Super Output Areas (LSOAs) were in the 30% most deprived. However, on some of the IMD domains, Wandsworth is markedly more deprived: on Barriers to Housing Services, 49.7% of Wandsworth’s LSOAs were amongst the most deprived 30%, and on Living Environment 66% of Wandsworth’s LSOA were amongst the most deprived 30%.</p> <p><i>Low income and unemployment</i></p> <p>Unemployed people of those in lower income groups have relatively higher risk factors for poor mental wellbeing. This is driven by risk factors such as poverty, high crime rates, poor housing, lower educational attainment stigmatization, discrimination, debt, poor physical health and poor access to services.</p> <p>The Adult Psychiatric Morbidity Survey shows that across the wider population, 34.6% of unemployed women (16-64) and 24.5% of unemployed men had a Common Mental Disorder (CMD). 47.4% of adults aged 16-64 years in receipt of out-of-work benefits had a CMD and 35.1% of adults aged 16-64 in receipt of housing benefit had a CMD.</p> <p>Across Wandsworth, based on age standardised prevalence rates (16-64 years old), it is estimated 2,249 unemployed women, 1,348 unemployed men and 2,838 benefit claimants are living with a CMD.</p> <p><i>Carers</i></p> <p>17,705 (6.8%) of Wandsworth residents reported providing unpaid care, the lowest proportion in London (excluding the city of London). This is lower than London (7.8) and England (8.9%). The overall proportion of residents providing unpaid care decreased by 2.2% since 2011. This decline is most likely to be attributable to a slight change in the wording of the census question, and the proportion of residents who reported providing over 20 hours a week of unpaid care change only slightly (from 3.3% to 3.2%).</p> <p>Over 5,700 carers are registered with the Wandsworth Carers Centre. Data is not currently available on the number of carers providing support to a person with mental health needs.</p> <p><i>Health Inequalities</i></p> <p>The below table outlines a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Wandsworth</th> <th style="text-align: center;">London</th> <th style="text-align: center;">England</th> </tr> </thead> <tbody> <tr> <td>Healthy life expectancy at birth - Female</td> <td style="text-align: center;">70.1</td> <td style="text-align: center;">65.0</td> <td style="text-align: center;">63.9</td> </tr> <tr> <td>Healthy life expectancy at birth - Male</td> <td style="text-align: center;">65.4</td> <td style="text-align: center;">63.8</td> <td style="text-align: center;">63.1</td> </tr> <tr> <td>Healthy life expectancy at 65 - Female</td> <td style="text-align: center;">14.3</td> <td style="text-align: center;">11.2</td> <td style="text-align: center;">11.3</td> </tr> <tr> <td>Healthy life expectancy at 65 - Male</td> <td style="text-align: center;">10.3</td> <td style="text-align: center;">10.3</td> <td style="text-align: center;">10.5</td> </tr> </tbody> </table> |        | Wandsworth | London | England | Healthy life expectancy at birth - Female | 70.1 | 65.0 | 63.9 | Healthy life expectancy at birth - Male | 65.4 | 63.8 | 63.1 | Healthy life expectancy at 65 - Female | 14.3 | 11.2 | 11.3 | Healthy life expectancy at 65 - Male | 10.3 | 10.3 | 10.5 |
|---|---|--------|------------|--------|---------|---|------|------|------|---|------|------|------|--|------|------|------|--------------------------------------|------|------|------|
|   | Wandsworth  | London | England    |        |         |   |      |      |      |   |      |      |      |  |      |      |      |                                      |      |      |      |
| Healthy life expectancy at birth - Female   | 70.1  | 65.0   | 63.9       |        |         |   |      |      |      |   |      |      |      |  |      |      |      |                                      |      |      |      |
| Healthy life expectancy at birth - Male   | 65.4  | 63.8   | 63.1       |        |         |   |      |      |      |   |      |      |      |  |      |      |      |                                      |      |      |      |
| Healthy life expectancy at 65 - Female  | 14.3  | 11.2   | 11.3       |        |         |   |      |      |      |   |      |      |      |  |      |      |      |                                      |      |      |      |
| Healthy life expectancy at 65 - Male  | 10.3  | 10.3   | 10.5       |        |         |   |      |      |      |   |      |      |      |  |      |      |      |                                      |      |      |      |

|                                       | <p>Whilst Wandsworth residents generally enjoy a longer healthier life expectancy than the average for London and England (although this is less marked for males than females), it is known that having a severe mental illness can reduce life expectancy by up to 20 years. Thus, the users of social care services for mental health needs are to be considered as disadvantaged in relation to health inequalities.</p> <p><i>Refugees and Asylum Seekers</i></p> <p>Refugees and Asylum Seekers have relatively higher risk factors for poor mental wellbeing. This is driven by risk factors such as poverty, poor physical health, trauma, family breakdown/separation, bereavement, being victims of violence and abuse, imprisonment, unstable living conditions and poor access to healthcare. It is estimated that around 44% of refugees and asylum seekers will suffer from depression, 40% from anxiety and 36% from PTSD.</p> <p>The number of refugees and asylum seekers known to have arrived in Wandsworth under various schemes is as follows:</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Scheme</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Syrian (2015 - date)</td> <td>Twelve families (51 people)</td> </tr> <tr> <td>Afghan (2021 – date)</td> <td>Eight families</td> </tr> <tr> <td>Ukrainian (2022 – date)</td> <td>1,021</td> </tr> <tr> <td>Unaccompanied Asylum Seeking Children</td> <td>26</td> </tr> <tr> <td>Home Office dispersed accommodation</td> <td>40</td> </tr> </tbody> </table> | Scheme | Number | Syrian (2015 - date) | Twelve families (51 people) | Afghan (2021 – date) | Eight families | Ukrainian (2022 – date) | 1,021 | Unaccompanied Asylum Seeking Children | 26 | Home Office dispersed accommodation | 40 |
|---------------------------------------|---|--------|--------|----------------------|-----------------------------|----------------------|----------------|-------------------------|-------|---------------------------------------|----|-------------------------------------|----|
| Scheme                                | Number  |        |        |                      |                             |                      |                |                         |       |                                       |    |                                     |    |
| Syrian (2015 - date)                  | Twelve families (51 people)   |        |        |                      |                             |                      |                |                         |       |                                       |    |                                     |    |
| Afghan (2021 – date)                  | Eight families  |        |        |                      |                             |                      |                |                         |       |                                       |    |                                     |    |
| Ukrainian (2022 – date)               | 1,021   |        |        |                      |                             |                      |                |                         |       |                                       |    |                                     |    |
| Unaccompanied Asylum Seeking Children | 26  |        |        |                      |                             |                      |                |                         |       |                                       |    |                                     |    |
| Home Office dispersed accommodation   | 40  |        |        |                      |                             |                      |                |                         |       |                                       |    |                                     |    |

#### 4. Data gaps

| Data gap(s)   | How will this be addressed?  |
|---|--|
| <p><b>Age</b><br/>Clearer information is needed regarding the numbers of young people in Children’s Services and Transitions who are likely to be eligible for adult social care over the next years, including the type of support that they are likely to need.</p> <p>No data is available to establish whether there are differences in outcome for people of different age groups.</p> | <p>Further conversations will take place between Children’s Services and Adult Social Care to strengthen the joint working and planning at both an operational and strategic level. This includes clear data around children and young people likely to need Adult Social Care over the next 10 years which will inform plans for future commissioning.</p> <p>As part of the implementation of the review recommendations, more systematic monitoring of outcomes will be undertaken in a way that allows for the proportions of successful and unsuccessful outcomes to be analysed by protected characteristic.</p> |
| <p><b>Disability</b><br/>Further work needs to be done to establish the number of users of mental health social care services with other disabilities e.g., physical, sensory, learning disability and autism, as well as the services used by this group and service outcomes.</p>   | <p>The way data is recorded at an individual level needs to be changed to enable the relevant information to be gathered and analysed.</p> <p>An analysis of historical data at an individual level, e.g. case notes, may also be necessary, including specific identification of instances</p>  |

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|  | where a disability has been an impediment to securing an appropriate placement.   |
| <p><b>Gender</b><br/>Whilst gender is systematically recorded in case records, there is little information on the extent to which positive and negative outcomes may vary by gender.</p>   | There is the need to monitor and record positive and negative outcomes e.g., whether a service user moves on in a planned way and attains greater independence, or is evicted, imprisoned or abandons a tenancy, with data analysed by gender, as well as surveys of user experience analysed by gender. This will enable us to track any systematic differences or variations in service user outcomes linked to gender.             |
| <p><b>Race/ ethnicity</b><br/>Whilst gender is systematically recorded in case records, there is little information on the extent to which positive and negative outcomes may vary by gender.</p>  | There is the need to monitor and record positive and negative outcomes e.g., whether a service user moves on in a planned way and attains greater independence, or is evicted, imprisoned or abandons a tenancy, with data analysed by ethnicity, as well as surveys of user experience analysed by ethnicity. This will enable us to track any systematic differences or variations in service user outcomes linked to ethnic group. |
| <p><b>Gender reassignment</b><br/>There are no reliable or definitive figures available locally regarding this data. Statistical analysis is unlikely to yield useful results and review of the experience of individuals is more likely to identify barriers to access and adverse impacts on outcomes.</p> | Work needs to be carried out to ensure local data is recorded for all service users.<br><br>Further analysis will be undertaken to understand the experiences of service users with this protected characteristic and the factors that affect outcomes for this group.  |
| <p><b>Marriage and Civil Partnership</b><br/>Marriage and civil partnership status cannot be readily extracted for analytical purposes from case records..</p>   | Means of systematically extracting this information will be explored. However, understanding the impact of marital and civil partnership status on access to and experience of services is considered to be a higher priority.  |
| <p><b>Maternity and pregnancy</b><br/>Statistical data on maternity and pregnancy cannot be readily extracted from case records.</p>   | Understanding of the impact of maternity and pregnancy on access to services and service outcomes will be best understood by identifying and reviewing care pathways for individuals.   |
| <p><b>Religion and belief, including non-belief</b><br/>A very high proportion of case records omit information on religious belief.</p>   | Steps are needed to ensure that this information is collected and recorded more systematically.   |

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| <p><b>Sexual orientation</b><br/>A very high proportion of case records omit information on sexual orientation, and there also indications that LGBTQ+ sexual orientation is under-recorded.</p> | <p>Steps are needed to ensure that this information is collected and recorded more systematically.</p>   |
| <p><b>Across groups</b><br/>There is no systematic data on groups of users who share particular combinations of protected characteristics.</p>   | <p>Consideration will be given to identifying groups with distinct combinations of protected characteristics that may particularly impact on service access and outcomes.<br/>Given the concerns about the experience of young black men in mental health services, there will be a particular focus on monitoring the experiences and outcomes of this group.</p> |
| <p><b>Socio economic status</b><br/>Data on the socio-economic status of service users is not recorded in a format that allows for systematic analysis.</p>                                      | <p>Periodic audits will be undertaken to understand the impact of socioeconomic status on access to services and outcomes for service users.</p>   |

## 5. Impact

| Protected group          | Positive  | Negative   |
|--------------------------|---|--|
| <p><b>Age</b></p>        | <p>The recommissioning of services provides the opportunity to move away from a 'one size fit all' model to include provision that is tailored towards specific age groups. This would include services for young adults (who are a minority within the service user group) as well as provision tailored towards the increasing number of older people, perhaps modelled on extra care services.</p>   | <p>Proposals to change provision may cause anxiety for current service users and their carers, and this is likely to be more acute amongst older people who may have been engaged for many years with their current provision. This will be mitigated through user and carer engagement at programme level and individual care planning.</p>   |
| <p><b>Disability</b></p> | <p>Many service users may have a learning, physical or sensory disability, a proportion are autistic, and others may have other co-morbidities like substance misuse.<br/>The review and subsequent commissioning programme present an opportunity to ensure that service provision is tailored to a range of individual needs and circumstances, and an early priority is enhancing the capacity of services to meet the needs of people with co-occurring mental health and substance misuse needs.</p> | <p>The proposed improvement programme may lead to a change of service provider, service type, changes in staffing and changes in the way that services are delivered. Some people who currently use the services may find the changes cause distress or anxiety. In mitigation there will be a range of coproduction, communication, and other transitional activities in the runup to any change to</p> |

|                                       |   |   |
|---------------------------------------|---|---|
|                                       | The review of premises used for accommodation-based services will establish the proportion of premises that are accessible for people with physical disabilities and to develop clear targets and a plan for extending disabled access.   | manage any negative impact on service users and carers.   |
| <b>Gender (sex)</b>                   | The improvement programme provides the opportunity to ensure that any gender specific needs are addressed within care and support plans and the suitability of the placement. This would include ensuring appropriate levels of single sex provision as well as measures to ensure that females feel safe when they live in mixed-gender shared accommodation.  | There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on gender.                  |
| <b>Race/ ethnicity</b>                | The disproportionate number of Black and Black British service users is a cause for concern. Whilst the drivers for this are outside the services under review, linked work on the strengthening of prevention programmes and the Ethnicity and Mental Health Improvement Project have a focus on reducing the likelihood that people from Black, Asian and minority ethnic backgrounds who encounter mental health difficulties go on to become long-term users of mental health services.<br><br>Implementation of the review recommendations will include establishing the business case for services that have specific cultural competences and a renewed focus on monitoring the outcomes for people from different racial and ethnic groups. | There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their race or ethnicity. |
| <b>Gender reassignment</b>            | The proposed recommissioning of services will include flexibility to secure provision that meets the needs of people who are seeking or have undergone gender reassignment.   | There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on gender reassignment.     |
| <b>Marriage and civil partnership</b> | The current portfolio of services is geared almost entirely towards single people, who make up the largest group of service users. For couples, the current configuration of supported living schemes is unsuitable. As part of the recommissioning process, commissioners will support the   | There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their marital status.    |

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|--|--|--|
|  | development of service models that are suitable people maintaining a marital relationship or civil partnership.  |  |
| <b>Pregnancy and maternity</b>   | <p>Some accommodation services are not suitable for service users who are pregnant or who have dependent children, and the service user may need to move to alternative provision should they become pregnant.</p> <p>As part of the recommissioning programme, commissioners will ensure the mix of services includes provision suitable for pregnant service users and support to users with dependent children.</p>   | There is no evidence to suggest that these proposals will have a disproportionately negative impact on pregnant women or those with dependent children.                      |
| <b>Religion and belief, including non-belief</b>   | In undertaking the recommissioning of services, ensure that all services are aware and skilled to support people to attend religious services and practice religious customs in accordance with the person's wishes and are ready to help people to challenge and deal with the consequences of discrimination, harassment and victimisation related to their belief. Equally people who do not profess a religion or religious belief should be supported and protected.                          | There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their religion and belief.                            |
| <b>Sexual orientation</b>  | In undertaking the recommissioning of services, ensure that all services are supportive of lesbian, gay and bisexual service users and are committed to challenge and deal with the consequences of discrimination, harassment and victimisation related to their sexual orientation. We will explore the case for provision that is specifically intended for LGBTQ+ service users.   | There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their sexual orientation.                             |
| <b>Across groups, e.g. older LGBT service users or Black, Asian &amp; Minority Ethnic young men.</b> | <p>As all service users would be categorized as disabled, those who have other protected characteristics will experience any impacts of the intersection between that characteristic and disability.</p> <p>There is, no systematic data on groupings with multiple protected characteristics. However, multiple studies have highlighted poor experiences and outcomes for young Black men within mental health services, and there will be a particular focus on understanding and improving</p> | There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone who has a particular combination of protected characteristics. |

|                              |   |  |
|------------------------------|---|--|
|                              | their experiences of social care for mental health needs. |  |
| <b>Socio-economic status</b> |   | There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their socioeconomic status. |

## 6. Actions

| <b>Action</b>   | <b>Lead Officer</b>                                   | <b>Deadline</b> |
|---|---|-----------------|
| Work with operational teams to achieve better recording of religion and belief and sexual orientation in case records, and undertake individual case studies to better understand the experience of people with different protected characteristics in their engagement with social care services for mental health needs.  | MH Commissioning Team                                 | Sept 24         |
| Build on and strengthen the partnership with Ethnicity and Mental Health Improvement Project (EMHIP) and other organisations, to shape our service offer and improve outcomes for Black and other minority ethnic communities, including young Black men. Our early intervention and prevention work (encompassing EMHIP and Community Mental Health Transformation, as well as the Council's investment in prevention) will be better targeted to promote good access to early intervention and prevention services within Black, Asian and minority ethnic communities. | MH Commissioning Team                                 | Sept 24         |
| Include within all reprocurement exercises and tender evaluations an assessment of potential providers' capability to support the Council to deliver against its equalities duties.   | Procurement Team                                      | Sept 24         |
| Involve service users and their families in the design of service specifications and the evaluation of tenders by potential providers.  | MH Commissioning Team                                 | Ongoing         |
| As part of all re-procurement exercises, undertake consultation with users of the services affected and their families and ensure that individual care planning is undertaken to take account of any impacts of the re-procurement  | MH Commissioning Team / Operational social work teams | Ongoing         |
| Introduce outcome monitoring tools as part of our monitoring and evaluation which enables a better understanding/visibility of outcomes being achieved or disparities across all protected characteristics.   | MH Commissioning / Quality Assurance Team             | Sept 24         |
| Commission bespoke community support services that are age, gender and culturally specific to avoid within group discrimination and/or risk of exploitation.  | MH Commissioning Team                                 | March 25        |

|  |   |                 |
|--|---|-----------------|
| <p>Commission a mix of accommodation-based services that are age and gender and culturally specific to avoid within group discrimination and/or risk of exploitation. Consider young adults (under 30) and older adults aged 65+. Ensure that there is sufficient gender-specific accommodation provision for women.</p> | <p>MH Commissioning Team</p>                        | <p>March 25</p> |
| <p>Commissioned providers will be required to demonstrate that they co- produce with service users through the performance and contracting monitoring schedules.</p>   | <p>MH Commissioning Team / Contracted Providers</p> | <p>March 25</p> |

**7. Consultation**

The Commissioning Review was undertaken in consultation with stakeholders, including service users, and the recommendations of the review reflect the findings of that consultation. A detailed engagement plan has been developed, setting out the approach to consultation that will be followed in the implementation of the review recommendations.

Each commissioning exercise will include a series of stakeholder engagement activities to ensure the views of a wide range of professionals and experts by experience inform the design of service specifications and the tender evaluation criteria.

The views of service users will be sought through a variety of mechanisms that include but are not limited to online surveys via the Council’s corporate website, focus groups and a range of community groups and stakeholder and partnership forums.