For more information about the equality impact assessment process in commissioning, please see the EIA Guidance 2018 located in *Y:\HULLCG\Corporate Templates and Forms\Equality and Diversity Information* before completing your EIA.

Equality Impact Assessment (EIA) - Service Specification				
Please briefly describe the service	Positive Assets – The Recovery College Employment Service			
	The aim of this service is to enable people who use (or have previously used) Secondary Mental Health services to formulate and achieve their vocational ambitions; finding and keeping paid employment or self-employment in the ordinary labour market, or taking steps towards these goals in the form of volunteering, education and training.			
	The service provides support to employers when clients have been placed into work, to assist the transition into work, identification of reasonable adjustment(s) and ways to manage wellbeing through adoption of Mental Health friendly workplace policies.			
Name & roles of person / people completing the EIA:	Toni Yel, Head of Integrated Commissioning			
Date of assessment:	October 2018 - 11.10.19			
Who will be affected by this service / who will be the key beneficiaries?	The key beneficiaries of the service are people who have or are suffering from a mental health problem.			
What data sources do you have about the population, disaggregated by protected characteristic that is relevant to this service specification? (e.g. research, clinical insight, monitoring data complaints, engagement feedback etc.)	SystmOne Primary Care Module, Office of National Statistics, Health and Lifestyle (prevalence) survey for Adults in Hull, Care Quality Commission and The General Register			
Needs and issues				
What does this data tell you about the needs or issues affecting peo	ple from different protected characteristic groups, relevant to this service?			
General issues NHS Hull Clinical Co approximately 301,000 and Kingston upon Hull	ommissioning Group (CCG) population (people registered with a Hull GP practice) is people (Dec 2018). The resident population of Hull is approximately 260,000. NHS Hull CCG City Council boundaries are co-terminus. Life expectancy in Hull is lower than UK average (77 of for women). The percentage of people aged 65+yrs out of the total population is currently			

	estimated 15% but is expected to increase to 19% by 2030.
	Many of the wider determinants of mental health, long term unemployment, offending, addiction, smoking, obesity, deprivation, violent crime, statutory homelessness, and children in poverty are worse in Hull than its surrounding areas. (Public Health England Profile 2016). Recently published data specifically for Hull indicates lower than expected number of adults in contact with mental health services who are in paid work or have settled accommodation. It is estimated by 2030 there will be approximately 50,900 people aged 65+year living in Hull and that 3 in 100 of them will be aged 90+ years. In Hull data (as at February 2019) informs that there are 2, 154 people with a dementia diagnosis which gives a diagnosis rate of 77.1%. The estimated prevalence for Hull is 2,793 meaning that we potentially have 639 people in the city undiagnosed.
	In 2014 a survey of mental health service users carried out by the Care Quality Commission found that, among all those wanting to work, 26% said that they were definitely receiving support for work, 29% said that they were receiving support 'to some extent' for help or advice finding or keeping work, and 44% said that they were not receiving help finding or keeping work but would like some.
Race	This service is available to all regardless of race and no evidence has been found identifying particular inequalities on the grounds of race or nationality for this service Note: Most requested languages in primary care in 2018: Polish (40% of all requests), followed by Arabic (17%), Romanian (9%), Russian (6%), Kurdish (5%), Farsi (3%).
	The Joint Commissioning Panel for Mental Health has published Guidance for Commissioners of Mental Health Services for people from black and minority ethnic communities. This guide describes what 'good' mental health services for people from Black and Minority Ethnic communities look like. This guide focuses on services for working age adults. However, it could also be interpreted for commissioning specialist mental health services, such as CAMHS, secure psychiatric care, and services for older adults.
Disability	The local Health & Lifestyle Survey 2016 suggests that 24.0% of the population of Hull have an illness or which limits daily activities. Adult disability type by number of people in Hull by age group (Source: Projecting Older People Population Information System and Projecting Adult Needs and Service Information – 2012 estimates)

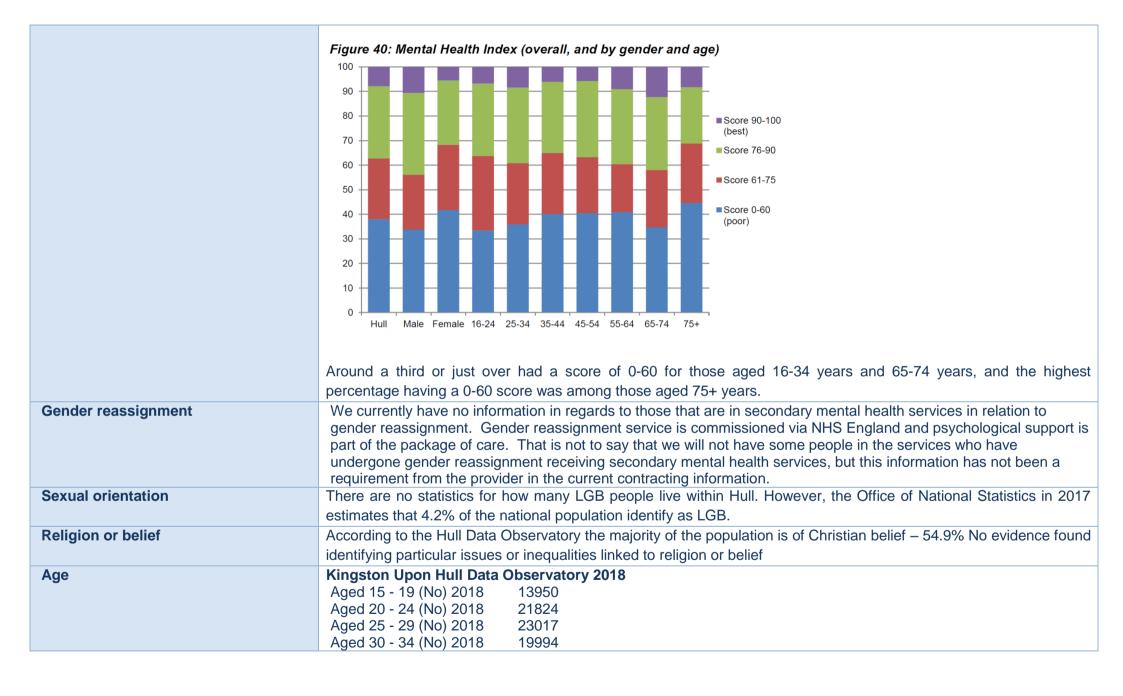
Disability Type	Number of peopl
Learning Disability (Age 18 – 64):	4,078
Learning Disability (Age 65 and over):	762
Physical Disability – Moderate (Age 18 – 64):	12,222
Physical Disability – Serious (Age 18 – 64):	3,491
Visual Impairment (Age 18 – 64):	108
Visual Impairment (Age 65 and over):	3,263
Hearing Impairment – Moderate or Severe (Age 18 – 64):	5,765
Hearing Impairment – Moderate or Severe (Age 65 and over):	15,707
Hearing Impairment – Profound (Age 18 – 64):	49
Hearing Impairment – Profound (Age 65 and over):	402

Gender / Sex

2016 estimates for Hull identify that the male population is 148,103 individuals and for the female population is 144,934 individuals. No evidence found identifying particular issues or inequalities linked to gender.

Hull's Healthy Lifestyle Survey 2014 - Mental Health

The average Mental Health Index was 67.3 and was slightly higher for men (69.9) compared to women (65.2). The highest scores denoting the best mental health were for those aged 65-74 years followed by those aged 16-24 and 25-34 years, and those aged 35-44 and 45-54 years had the lowest (worst) average scores, however, the differences in the average scores were not particularly large (only 5 points on a 100 point scale). Arbitrarily, a score of 0-60 was used to denote relatively poor mental health, and 38.1% of the survey responders had such a score (33.8% of men and 41.7% of women) as illustrated in Figure 40.



Pregnancy and maternity Marriage or civil partnership	Aged 35 - 39 (No) 2018 16854 Aged 40 - 44 (No) 2018 14542 Aged 45 - 49 (No) 2018 16103 Aged 50 - 54 (No) 2018 15991 Aged 65 - 69 (No) 2018 13313 Aged 65 - 69 (No) 2018 11707 Aged 70 - 74 (No) 2018 10326 Aged 75 - 79 (No) 2018 5439 Aged 80 - 84 (No) 2018 5439 Aged 85 - 89 (No) 2018 3141 Aged 90 + (No) 2018 1496 The local ageing population increases demand on a number of specialties, with ever growing waiting time and demand for management of conditions that have been initially dealt with within services outside of Primary Care. The age criteria for the service is 16 - 70. JSNA 2014 shows the fertility rate in Hull is now aligned with the national rate. There have been 125 recorded civil partnership formations in Hull between 2008 and 2017. No evidence of impact of inequalities for this characteristic.		
Any other relevant groups (e.g. carers, veterans, asylum seekers and refugees, socio-economic disadvantage)	Kingston Upon Hull Data Observatory 12% of households in Hull are in fuel poverty 27.4% of children under 16 live in poverty 34,500 families (including 59,800 children) receive Child Benefit. 25,500 families (including 42,900 children) receive Tax Credits 8,400 families (including 16,300 children) are out of work. Breast cancer in England is less common in females living in the most deprived areas		
How has engagement informed your set specification?			
How has engagement reached out to green representing a diverse range of protecte characteristics? What has been put in place to ensure the	secondary mental health services that have not – anyone who has a secondary mental health issue/problem/diagnosis.		

and acceptability of the service design?	16yrs to 70yrs.
How does service design reflect the insight gained through engagement (of different population groups)?	The ultimate change has been to deliver key principles of Individual Placement and Support. The support required to businesses and employers and additional individual service user support, having a named employment specialist. Employment information sessions within secondary mental health teams.
Has your equality analysis identified any specific outcomes that need to be incorporated into the service specification (beyond what is required in the standard contract?	Nothing identified.
How will you feedback to the groups you have engaged about service design?	Ongoing as part of the service delivery.

Follow up actions						
Action required		By whom?		By when?		
Review this EqIA in line with equality data reported by provider, both in terms of service uptake and service user experience of access and inclusion.		NHS Hull CCG Con Commissioner	tracting &	March 2020		
Signoff						
Signed off by: Name & Role	Mike Napier, Associate Director of Corporate Affairs	Date:	13.1	12.19		