DOCUMENT C
Equality Impact Assessment

EQUALITY IMPACT ASSESSMENT
PART 1 – INITIAL SCREENING

1. Name of the policy / function / service development being assessed?

The re configuration of psychological therapies in Lambeth, Southwark and Lewisham.

2. Name of person responsible for carrying out the assessment?

Simon Rayner. Head of Pathway. Mood, Anxiety and Personality Clinical Academic Group.

3. Describe the main aim, objective and intended outcomes of the policy / function / service development?

[A detailed description of the proposed service model accompanies this EIA]

Aim:

- To create borough based psychological therapy services that are well integrated with other borough mental health services and pathways. In particular with the Improving Access to Psychological Therapies [IAPT] services.
- To improve the efficiency of the service by moving delivery of treatment from several teams to one key team and through the creation of a single point of referral and assessment.
- Provision of a comprehensive assessment addressing the full range of client needs resulting in provision of client centered, support and recovery care plan - that addresses all service user needs – psychological, social and medical.
- To enable delivery of Trust cost efficiencies and commissioner Quality Innovation Productivity and Prevention targets.

Objective:
The reconfiguration of psychological therapy provision across Lambeth, Lewisham and Southwark, developed in collaboration with our commissioners, will allow improvements to be made to psychological therapy provision in each borough.

Psychological therapy provision in Lambeth, Southwark and Lewisham is complex and fragmented and does not offer clear referral pathways to GPs or other referrers. A number of services operate from different locations, having developed independently over time, as a product of history, rather than clinical best practice. The current arrangements often result in services being offered to people on the basis of where

they live in the borough rather than for good clinical reasons. Patients in Lewisham and Lambeth are required to travel to the Maudsley for some treatments.

While the fragmentation of services may not be apparent to patients who are referred directly from primary care to psychotherapy, they often become aware of the difficulties when assessed by one service and not accepted but another service is suggested. They may feel ‘passed around’ the services rather than having their needs meet within a clear care pathway within an integrated service/team of professionals.

Service users who work closely with the management team have highlighted the importance of reducing multiple or duplicate assessments as well as inconsistency in access to services.

The reconfiguration, which we plan to implement in April 2012, will lead to the creation of a single psychological therapy team within Lambeth, Southwark and Lewisham. Each team will bring together therapy provision previously delivered in the separate services. They will work alongside our existing community mental health teams (CMHTs) and will provide patients and GP referrers with a single point of access to a range of psychological therapies, according to assessed clinical need.

Intended Outcomes:

We intend that people requiring psychological therapy will continue to receive high quality evidenced based services. Provision of a central point of access and assessment will reduce the need for additional or duplicate assessments. A single assessment will allow the patient to access the correctly rather than on occasions needing to be transferred between teams. The single assessment will provide the service user with a tailored care plan that will address all their needs; medical, psychological and social.

The outcomes of the reconfiguration will be closely monitored to ensure that these outcomes are met and that access to the service remains as intended. Service user experience will be closely monitored.

The service configuration and capacity will be regularly reviewed with commissioners and adjustments made as required.

4. Is there reason to believe that the policy / function / service development could have a negative impact on a group or groups?

Which equality groups may be disadvantaged / experience negative impact?

Race	No - Access will improve.
Disability	No
Gender	No
Age	No
Sexual orientation	No
Religion / belief	No

5. What evidence do you have and how has this been collected?

5.1 Race:

5.1.1 Demographics of Lambeth, Southwark and Lewisham (2001 census)

Lambeth.
Population census at 2001 Census indicated that 62.5% of Lambeth residents were white, although there are significant populations of ethnicities other than white British in this group. The white Irish population was 3.3% of the Lambeth population, and 'other white' (including Portuguese and Latin American) made up 9.6% of the Lambeth Population. In 2000 the estimated size of the Portuguese speaking community in north Lambeth, where most of the community lives, was between 9,400 and 14,100 people.

The largest other ethnic groups in Lambeth are black Caribbean (12.1%), black African (11.6%) and 'other black' (2.1%). Black groups total 25.8% in Lambeth, compared with 16.5% in Inner London and 10.9% in Greater London. Lambeth has a much smaller Asian population than London in general (Lambeth 4.6%, Inner London 10.6%, Greater London 12.1%). Mixed ethnic groups total 4.8% in Lambeth, compared with 4.0% in Inner London, and 3.2% in Greater London.

Ethnic group	Percentage
White	62.5
Black Caribbean	12.1
Black African	11.6
Other Black	2.1
Asian	4.6
Mixed ethnic groups	4.8

BME population – 37.5%
Non BME population – 62.5%

Southwark.
The population of Southwark is ethnically diverse, with around a third (35.2%) of the total population coming from the Black and Minority Ethnic community. This is a higher proportion than for London (31%) and England (11.8%). The largest ethnic minority groups in Southwark are those people who identify themselves as Black or Black British, making up around a fifth (20%) of the population. More than half of this group are Black African, representing at least 12% of the total Southwark population. The age profile of the BME
groups is younger than that of the White groups, and 69% of school pupils in Southwark are from BME groups.

Ethnicity	Percentage
White	64.8
Mixed	3.9
Black Caribbean	6.4
Black African	12.2

Black Other	1.6
Asian	6.6
Chinese	2.9
Other	1.7

BME population – 35.2%
Non BME population – 64.8%

Lewisham.
Lewisham is the 15th most ethnically diverse local authority in England, and two out of every five residents are from a black and minority ethnic background. The largest BME groups are Black African and Black Caribbean: Black ethnic groups are estimated to comprise 30% of the total population of Lewisham.

Broad Ethnic Group	2010	Percentage
White	160655	59
Black African	30760	11
Black Caribbean	36064	13
Black Other	15466	6
Indian	5747	2
Pakistani	1506	1
Bangladeshi	1371	1
Chinese	3555	1
Other Asian	6807	3
Other	8618	3

BME population – 38%
Non BME population – 59%
Others – 3%

5.1.2 Ethnic breakdown of staff working within community mental health and psychological therapy services in Lambeth, Southwark and Lewisham.

	CMHT	Psychological Therapies
BME	42.62%	10.88%
Non-BME	47.54%	76.08%
other/not stated	9.84%	13.04%

5.1.3 Ethic breakdown of people currently using our services in Lambeth, Southwark and Lewisham (January 2012)

The following data, although not directly comparable to the census data, indicates that people from BME groups are more likely to access community mental health teams than psychological therapy services.

	% in CMHT	% in Psychological therapies
White	37.9	39
White Irish	2.4	2.3
White Other	14.3	19.5
White & Black Caribbean	1.3	1.7
White & Black African	0.4	0.7
White & Asian	0.1	0.4
Mixed Other	0.6	0.6
Indian/British Indian	0.5	0.2
Pakistani/British Pakistani	0.4	0.3
Bangladeshi/British Bangladeshi	0.5	0.3
Asian Other	2.0	1.4
Black Caribbean	4.7	2.5
Black African	8.2	2.6
Black Other	6.9	6.2
Chinese	0.6	0.6
Other Ethnic Groups	15.7	21
Not Stated	3.4	0.9

5.1.4 Improving access to psychological therapy for people from BME groups.

The group of service users accessing community mental health teams is more representative of the local population than those accessing secondary psychological therapy.

Community mental health teams sit within community networks that support and target improved access to services for people from BME groups. All teams have developed excellent links with local organisations who support and advocate for people from BME communities.

We anticipate that the new model of care will enable our services to be more accessible and acceptable to people who have not traditionally been referred to psychological therapy. This is particularly relevant for people from BME groups.

In particular, the single point of access for psychological therapies being within the community mental health team setting will facilitate this improvement.

A peer support / group coordinator will be established in each team to develop a range of groups and peer support systems that may be accessed as an alternative to formal treatment or used whilst an individual is waiting to see a therapist. The peer support system will involve service users who have had experience of using psychological therapy services. Access to the new support services will be planned with our local commissioners, 3rd sector and services provided by the local authority/social services.

The service will have a particular focus on improving accessibility to underrepresented groups. We intend to develop groups and peer work within community settings – linking in with established community groups, faith groups and BME groups. Within Lambeth these links will be made within the Lambeth Living Well Collaborative.

5.2 Gender:

The gender of people accessing psychological therapy and community mental health teams in Lambeth, Southwark and Lewisham is as follows;

	Female	**Male**
Psychological Therapies	65.8%	34.2%
CMHTs	57.6%	42.4%

We do not believe that the proposed change will have any significant impact on the gender of people accessing psychological therapy. We will monitor service activity against this baseline.

5.3 Age;

The service provides for people between the age of 18 and 65. The current breakdown of people accessing psychological therapy and community mental health teams in Lambeth, Southwark and Lewisham is as follows;

	16-18	**19-35**	**36-65**	**65+**	**not recorded**
Psychological Therapies	0.2%	35.1%	63.5%	1.2%	0.1%
CMHTs	1.3%	37.3%	60.6%	0.8%	0%

We do not believe that the proposed change will have any significant impact on the age range of people accessing psychological therapy. We will monitor service activity against this baseline.

5.4 Sexual orientation

We do not currently collect data concerning the sexual orientation of people using our services, however the new model will enable us to more easily link psychological therapy to LGBT organisations. We will also seek to develop links between these services and our service user LGBT group 'four in ten'.

5.5 Religion/Belief

We collect data on the religion/ beliefs of people using our services however in common with sexual orientation this is information that many service users are

reluctant to share with us. The supervision of all therapists provides a focus for the delivery of therapy that is sensitive to religious beliefs. Clients are able to access the Trust multi-faith chaplaincy service.

6. Have you explained your policy / function / service development to people who might be affected by it?

Service users and staff have been involved in the development of the plans and have received information about the proposed changes

6.1 Service Users

The Mood, Anxiety and Personality Clinical Academic Group (CAG) management team who have developed this proposal, work closely with service users who either have an experience of, or interest in the delivery of care to people with mood, anxiety or personality problems. The CAG have a service user advisory group who meet regularly with CAG management to advise and consult on the development of CAG services.

As preparation for these service changes, the CAG held several care pathway development events which were attended by service users. These workshops were held 28th February, 28th March and 23rd May 2011. Within these workshops service users fed back to staff about components of care that were important to them. Repeated assessments were identified as a concern;

'We do not like unnecessary assessments. If we need to be assessed more than once, it is important that the clinician acknowledges that we may have already had an assessment & explains why a further assessment is necessary. It is essential that this process is dealt with in a sensitive manner and if we are to be subjected to repeated assessments we have control of our assessment and take it to each assessment, so that we don't find ourselves having to repeat the same things. We give a lot of ourselves in assessments and can feel violated by the process. We need to change the way the sessions are ended so that the therapist takes into consideration that we may also feel worse after an assessment; and incorporate some form of closure at the end.

In April 2011 members of service user advisory group identified one of their key priorities as;

'The need to address inconsistency in terms of access to services, level of services and quality of services across the CAGS and individual services'

In preparation for the service re design, data was collated from PEDIC; the Trust patient experience collation system and from a service quality session run with service users in July 2011. Within this event service users were asked to identify priority areas of need to inform the psychological therapy review work. They requested that the focus of care be more holistic in approach and identified the need for support when not formally engaged in treatment.

The service user advisory group received updates on the development of reconfiguration plans on 30th September, 28th October and 25th November 2011. The

advisory group discussed the final proposal in detail at the November meeting which was also attended by the CAG Clinical Director, Deputy Service Director and Head of Pathway.

The draft proposal was presented to service users at an event entitled 'Service users and carers - Find out / talk about changes to community Psychological Therapy Services' 21st November 2011.

The following groups received information about the meeting or how to feedback:

- Vital Link
- Cooltan Arts
- Southwark Mind
- Four In Ten – LGBT service user group
- Lewisham Users Forum
- Black Users Forum (Lewisham)

All who booked a place, or who otherwise showed interest were sent a copy of the draft proposal prior to the meeting and the draft proposal was sent to the Trust Service user involvement blog. Those interested, but unable to attend the meeting were invited to give feedback via phone, email or post. The session was chaired by a member of the advisory group and attended by the CAG Patient Public Involvement lead, Clinical Director and CAG managers.

The aim of the session was for;

- Participants to be more informed about the proposed changes to community psychological therapies services across Lewisham, Lambeth & Southwark
- Participants to have an opportunity to ask questions and give their views about the proposed changes.

10 people who use services and/or family or carers had booked to attend the session and 9 attended on the day.

Additional feedback was received by 2 people who did not attend the meeting, one via email and one through face to face meeting. This has been incorporated into the following themes from discussion;

Comment or question from participant/s	**Comment or response from staff**
About the impact of less money	
Will services or activities be stopped as a result of the proposal?	Whilst the services will be working with a reduction in funding, the reconfiguration will mean that the money available will be used more effectively with increased training for CMHT staff, clear pathways and activity targets. ? There will be a psychological therapies service in each borough and so people will still have access to the full range of

	treatments. Most of the treatments will be provided in the borough, but there may be some more specialised treatments that are provided in a single location.
Will the threshold for eligibility change, will waiting lists be longer?	Overall, there will be less staff providing the psychological therapies however by increasing the effectiveness of the assessment we hope to make sure that our resources are targeted the people who are most likely to benefit from the services offered . For example some people would benefit from the psychological therapies provided in primary care. [*text in table slightly amended for purposes of clarity]*
Will SLaM be able to signpost to other available therapy? **Suggestion:** partnerships with voluntary or private sector organisations	It is important for local teams to be aware of other services that might benefit people. We have also built in an element of peer support into the proposal
About the referral process	
Currently, it can take a long time to get to see a psychological therapist, will this model help? Individual feedback: *it seems that funding is now to be channelled towards a better referral and assessment process and that the therapies on offer will be only those detailed in the NICE guidelines which are applied nationally. My concern is that psychological and emotional health depends upon a holistic approach to the individual and their problem. The complete picture is often the only way to find out, treat and aid full recovery for an individual with psychological problems*.	With increased clarity about services on offer, referral into the new local psychological therapies teams may come directly from GP's. It will also be appropriate for some people to be referred via a CMHT. The role of the CMHT will be to offer immediate support to people in crisis or 'stabilisation' prior to referral for psychological therapies. The local psychological therapies teams will work very closely with CMHTS around referral & assessment.
About the assessment process	
Some people may not feel comfortable with the person doing the assessment, or with the outcome of the assessment. There would need to be processes in place for this eventuality. Sometimes people do not feel empowered at the point of	The usual systems would be in place for people if they feel unhappy with the outcome of the assessment People may be assessed in the CMHT, with increased clarity about what the local psychological therapies teams have to offer, GP's may also be able to refer directly.

assessment	
The assessment report should be written in plain English and accessible to the service user.	
About treatments available	
Participants asked about the availability of the following types of therapy: Mindfulness Based Cognitive Therapy (MCBT), Dialectical Behaviour Therapy (DBT),Cognitive Analytic Therapy (CAT),Transpersonal / holistic/ eclectic *There should be "holding therapies" designed to keep people afloat until appropriate "professional services" become available. These could include befriending, peer support, mentoring and pastoral care & be provided volunteers and/or by voluntary organisations.*	Current treatments on offer will continue, with an emphasis on treatments recommended by the NICE (National Institute for Health & Clinical Excellence) Guidelines. The main reason for including particular forms of therapy is that they appear in NICE guidelines and have an evidence base. From that point of view we would not be including all the forms of therapy referred to in the meeting as having been useful for some people, and the range of therapies available in the private sector or via low cost schemes will be wider than we can offer. However, we do regard mindfulness based cognitive therapy as having been a successful introduction and want it to continue. It is currently provided in Improving Access to Psychological Therapies (IAPT) as well as in the Maudsley- we will certainly continue it either in IAPT or the new IPTTs. DBT requires a team approach rather than being just an individual therapy and we are introducing it via our community teams who are being trained at the moment; some individuals in the IPTTs will also be skilled in it.
What about introducing new techniques and treatments? ***Suggestions:*** *life coaching, group work such as anger management* Individual feedback :*Nurturing /rediscovering interests and talents and developing creative outlets for people who have things to express is highly beneficial to their psychological and long-term health. They would also be providing their own worthwhile support by engaging in these processes and types of activities they feel they would enjoy. The range of activities could be seen as very wide and extremely vibrant, considering the complex mix of*	The priorities will be to embed the new services and to provide treatments that are recommended through national guidance and 'commissioned' by the boroughs. However, it is important to remain open to new treatments and opportunities for support. The arrangement of 'block funding' whereby borough gives a set amount of money for a certain number of treatments rather than 'cost per case' where individuals are funded for specific treatments may allow for more flexibility in what is provided.

culture and ethnicity across these boroughs.	
About choice	
Will there be more group work and less one to one therapy?	There will be some increase in the provision of group therapy over one – to – one, but not a dramatic shift as it is understood that whilst group therapy is appropriate in some cases, it is not a natural substitute for one-to-one therapy.
Feedback via email: *Importance of keeping group therapy e.g.: women's group at St. Thomas's – important part of recovery*	There are no plans to stop group work such as this
Will there be a choice of therapists and will we be able to change therapists if appropriate?	As is currently the case, there is a degree of choice, although this is limited. There are no plans to change existing practice around choice and there will be mechanisms to change clinicians. There was some discussion about the advantages & disadvantages of changing therapists.
About staffing	
If there are redundancies, is the proposal an opportunity to make sure that those staff retained are of the highest quality? This would help towards consistency of quality in terms of staff.	There are clear human resources policies which will be followed in the re-design of services
If staff use services, will there continue to be provision for them to use services not connected with where they work?	Yes, the same protocols that are currently used will be available.
About getting feedback about the services/therapists	
Sometimes questionnaires are too long	
Sometimes it is difficult to identify what is effective and good quality in a therapist. Existing outcome measures do not measure easily how people might value the input of one therapist over another	**Suggested & agreed action:** to develop a small working group of people with experience of using services to support staff to develop consistent patient experience questionnaires and relevant & useful outcome measures.
About planning ahead and trying new treatments	
It is important to be able to plan ahead, to try new treatments and to respond to ideas/suggestions.	Staff recognised this as important but confirmed that the initial priority will be to embed the new way of delivering the service, providing treatments recommended through national guidance.

6 people filled out feedback forms about the meeting:

To what extent do you feel that we achieved what we set out to achieve?

fully ✔✔✔✔ partly ✔✔ not at all

Were you satisfied with the information that you received on and before the day?

fully ✔✔✔✔ partly ✔✔ not at all

To what extent did you feel that you could join in and give your views?

fully ✔✔✔✔✔ partly ✔ not at all

Final comments about the proposed changes:
Invest heavily in mentoring, peer support, life skills training, personalization, social inclusion & recover

Learning to take forward: Take steps to ensure that everyone feels heard during the session

A draft report with notes from the meeting was written & circulated to the participants for comment to ensure that they felt that their concerns/issues/comments had been accurately reflected. The final report was then circulated to staff and service users.

6.2 Staff:

As with the service users involvement, staff representatives from all services took part in the care pathway development workshops held February – May 2011. The outcome of this work was the development of detailed care pathways which have informed the psychological therapy reconfiguration proposal.

The proposed model was developed by a steering group chaired by the Clinical Director with a membership from key services and professions.

An involvement workshop was held 14th November 2011 attended by 70 staff. At this workshop staff were briefed on the proposal model of service and their views and observations sought. These informed the model finally proposed.

A staff consultation took place between 9th December 2011 and 16th January 2012. All staff had an opportunity to meet with a member of the management team and human resources.

7. If the policy / function / service development positively promotes equality please explain how?

The current fragmentation of services results in residents of different boroughs or areas with a borough receiving a different service with different waiting times (though it is not possible to say that one part has been consistently disadvantaged over time).

Within Lambeth residents in the South of the borough receive a psychotherapy service from the Maudsley whilst residents in the North receive a service from St Thomas's Hospital.

Residents in Lewisham can only receive psychotherapy treatment from the Maudsley in Southwark.

The proposed change will ensure that residents of each borough have clear access to the same therapy and assessment.

Developing a peer - support approach within psychological therapies teams will allow the involvement of service users in service provision and will enable promotion of their autonomy.

The network of peer led services, and related groups, will provide valuable support to people who require 'stabilisation' in mental health crises, or other short term interventions. These groups will help self management and enable service users to be less socially isolated. These groups can also be offered to service users waiting for other therapeutic treatments. This approach compliments existing partnership networks within boroughs; particularly the Lambeth Living Well Collaborative partnerships.

There will be no premature ending of any of the therapy that we currently offer. In addition we will have in place contingency plans to ensure that specialist supervision, group work and individual work will continue by having a group of staff who can continue this work.

We are aware of the potential impact on residents in each borough of the current economic down turn which may lead to a greater need for mental health support. We do not expect this to increase demand for the psychological therapies delivered by these teams to a significant degree as most people treated in these services have long standing difficulties with mood and relationships, commonly related to early traumatic experiences, rather than triggered by recent or short term social stressors. Demand for treatments related to short term anxiety and depression in response to stressors is provided largely by the Increased Access to Psychological Therapy teams (IAPT), which are well developed in Lambeth, Southwark and Lewisham.

The published Adult Psychiatric Morbidity Survey (APMS) 2009[i] makes the following comments about risk factors; 'Although poverty and unemployment tend to increase the duration of episodes of common mental disorders (CMD), it is not clear whether or not they cause the onset of an episode. Debt and financial strain are certainly associated with depression and anxiety, but the nature and direction of the association remains unclear. There are a wide range of other known associations, including: being female, work stress, social isolation, poor housing, negative life events, poor physical health, a family history of depression, poor interpersonal and family relationships, a partner in poor health, and problems with alcohol.'

The clear linkage between psychological therapy services and community mental health teams presents a framework where medical, psychological and social needs can

be addressed in an integrated approach. This will enable us to respond flexibly to a broader range of issues should they be presented.

8. From the screening process do you consider the policy / function / service development will have a positive or negative impact on equality groups? Please rate the level of impact and summarise the reason for your decision.

The proposals will have a positive impact on access to psychological therapy services for people from black and minority ethnic groups. (5.13)

The proposal will have a positive impact on service user empowerment and involvement through the implementation of peer support models (7)

We assess that the proposal will have a neutral impact on other equality groups.

The impact of the change will be subject to regular review. Activity data for referrals and treatment against ethnic group, age and gender will be carefully monitored against current baseline. User experience data will be scrutinised to elicit further impact of change. The service user advisory group will remain central to the ongoing management and monitoring of the psychological therapy services.

Date completed: 2nd December 2011. Reviewed 24th January 2012

Signed Simon Rayner Print name: Simon Rayner

If the screening process has shown potential for a negative impact you will need to carry out a full equality impact assessment

---

[i] Mc Manus S, Meltzer H, Brugha T, Bebbington P, Jenkins R (Eds). ***Adult psychiatric morbidity in England, 2007 Results of a household survey***. A survey carried out for The NHS Information Centre for health and social care by the National Centre for Social Research and the Department of Health Sciences, University of Leicester. 2009, The Health & Social Care Information Centre, Social Care Statistics. www.ic.nhs.uk/pubs/