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Equality Impact Assessment (EqIA) Screening Template

Proposal/Brief Title:	All Age Metal Health Strategy
Date:	October 2019

Type of strategy, policy, project or service

Please tick one of the following:

- ☐ Existing
- ☐ New or proposed
- ☐ Changing, update or revision
- ☐ Other (please explain)

This report was created by

Name	Matilda Moss / Jack Workman
Job Title	Head of Integrated Commissioning / Specialist Commissioning Manager (All Age Mental Health)
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Briefly describe the aims and objectives of the proposal

In the past Buckinghamshire has published a number of separate strategies covering Mental Health; specifically the Buckinghamshire Adult Mental Health Strategy (2015-19) and the Buckinghamshire Dementia Strategy (2015-18). In addition to this, each year the CCG produces an updated Local Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing. This is a substantial and detailed document which is submitted to NHS England in line with national requirements.

The All Age Mental Health Strategy for Buckinghamshire will replace the Adult Mental Health and Dementia Strategies, and reference the key priorities set out in our Local Transformation Plan. Alignment of these three documents signals a refreshed, all age approach designed to set out a clear vision for mental health in Buckinghamshire.

What outcomes do we want to achieve?

A significant number of people in Buckinghamshire are affected by mental health problems, either directly or indirectly. Each year, one in four of us will experience a mental health problem. The strategy aims to set out a clear vision and a set of priorities for addressing mental health in Buckinghamshire, which will support partners to work together to address need, build resilience within the community and ensure people can access the right support when needed.

The all age approach taken in this strategy recognises that mental ill health can have an impact at any point in an individual's life. It also recognises the importance of providing the right continuity of care and information as people access different services at different points in their life. The ambition is for the all age approach set out in the strategy to inform future decisions around the way services are commissioned and provided to

improve patient access, experience and outcomes.

Mental health problems have an impact beyond those directly experiencing mental ill health. Parents, carers, siblings, wider family members and friends can be impacted and often provide significant levels of care and support. This strategy therefore considers the services and interventions that are needed by those experiencing mental ill health as well as the information and support required for those who are indirectly impacted or supporting someone with a mental health condition. Again, the ambition is that the strategy will guide our approach for commissioning services and providing interventions and support.

This strategy is a short, high level document. In order to achieve the ambitions set out above, it will need to be underpinned by more detailed delivery plans which have clear governance and oversight. The key mechanisms for achieving this are set out in the strategy.

Screening Questions	Yes	No	Please explain your answer
Does this proposal plan to withdraw a service, activity or presence?		x	The key purpose of the strategy is to set out a clear vision for mental health in Buckinghamshire. Whilst we would expect the strategy to inform decisions about the way service are commissioned or delivered in the future, the strategy does not propose to remove any existing services. Any plan to remove existing services would need to be subject to a separate decision making process.
Does this proposal plan to reduce a service, activity or presence?		x	The key purpose of the strategy is to set out a clear vision for mental health in Buckinghamshire. It describes some specific ambitions around different mental health services, including how we plan to improve access and ensure services are available in the right time at the right place. However the strategy does not propose to reduce any specific services. Any plan to reduce existing service activity would need to be subject to a separate decision making process.
Does this proposal plan to introduce, review or change a policy, strategy or procedure?	x		This is a new strategy which replaces our previous Adult Mental Health and Dementia Strategies. It also pulls in key headlines from our Local Transformation Plan for Children's Mental Health and Emotional Wellbeing. It proposes a new vision and set of priorities for addressing mental health which have been created following service user and stakeholder engagement.
Does this proposal affect service users and/or customers, or the wider community?	x		The intention is that the vision and priorities set out in the strategy are used to inform the way that mental health and emotional wellbeing are addressed in Buckinghamshire. Whilst the strategy itself is unlikely to affect service users directly, there will be indirect impact. For example we would expect the vision and priorities in the strategy to inform future decision making around the way services are commissioned and provided to support mental health and emotional wellbeing.

Does this proposal affect employees?		x	The strategy itself does not have direct impact on staff. The document does set out some of our key ambitions for improving services, which will impact on service users, their families and staff in organisations delivering services or support. For example some of the priorities set out in the strategy will be supported by training to people working in Buckinghamshire. However, any specific changes to services that impact directly on employees would need to be subject to a separate decision making process.
Will employees require training to deliver this proposal?		x	It will be important that the strategy is communicated to professionals delivering mental health and emotional wellbeing services /support, as well as to wider stakeholders. Staff training will be required to support the delivery of some the priorities set out in the strategy. However, the strategy itself does not require training to be delivered.
Has any engagement /consultation been carried out?	x		The strategy has been developed over an 18 month period through engagement and consultation with people of all ages who have lived experience of mental health conditions. This included family members, parents and carers as well as staff working across a number of settings. In total, 200 people of all ages were involved through five workshops and two conferences.
Are there any concerns at this stage which indicate that this proposal could have negative or unclear impacts on any of the group (s) below? (*protected characteristics)			
Groups	**Yes**	**No**	**Comments**
Age*		x	This is the first time an all age strategy has been produced in Buckinghamshire for mental health. The ambition is for the all age approach to inform future decisions around the way services and support are commissioned and provided to improve patient access, experience and outcomes for people of all ages.
Disability*		x	A mental health condition is considered a disability if it has a long-term effect on your normal day-to-day activity. This is defined under the Equality Act 2010. Given this, the strategy in it's entirely will influence how we provide services and support for a group of people who may have a protected characteristic under the Equality Act. There are also some specific ambitions set out in the strategy around disability to improve access and outcomes. • Improving pathways for people with autism and reducing the waiting times for autism diagnosis. • Improving dementia diagnosis and support for those with a learning disability.

Gender Reassignment*		x	The strategy recognises that some groups of people are more vulnerable to mental health conditions, and that national research indicates some groups are under-represented in mental health services. For this reason there is a specific ambition in the strategy to improve access for under-represented groups, including the transgender community.
Pregnancy & maternity*		x	The strategy recognises that pregnancy and maternity can have an impact on mental health and as such sets out a priority to support more women and their partners to access perinatal mental health services.
Race & Ethnicity*		X	The strategy recognises that some groups of people are more vulnerable to mental health conditions, and that national research indicates some groups are under-represented in mental health services. For this reason there is a specific ambition in the strategy to improve access for under-represented groups, including the BAME community.
Religion & Belief*		X	The strategy includes a priority around reducing stigma and widening access to services, including through targeted activity with under-represented groups. Since this is a high level, strategic document religion and belief are not specifically referenced. However, the delivery plans that underpin these pieces of work will need to recognise cultural differences in the way that mental health and stigma are perceived across different communities and develop interventions accordingly.
Sex*		X	National prevalence data shows higher rates of some mental health conditions amongst either males or females. There is no evidence that our local prevalence rates show any significant variation from national estimates.
Sexual Orientation*		X	The strategy recognises that some groups of people are more vulnerable to mental health conditions, and that national research indicates some groups are under-represented in mental health services. For this reason there is a specific ambition in the strategy to improve access for under-represented groups, including the LGBT community.
Marriage & Civil Partnership*		X	
Carers		X	The strategy recognises the important role that carers play in supporting individuals with mental ill health. The views of Carers, gathered through engagement, informed the development of the strategy. Some of the priorities relate to providing additional information or support for carers, including improving support for carers of people with dementia.
Rural isolation		X	The strategy includes a focus on how we widen access to

			mental health services. This includes better use of technology to increase access to information and support for families and embedding online counselling for children and young people. Initiatives such as these are focused on providing different routes for people to access services, including those who may find it hard to engage. This could include individuals who live further away from where services are provided.
Single parent families		X	
Poverty (social & economic deprivation)		X	The strategy recognises that mental wellbeing is associated with social and economic circumstances for example, social networks, employment, financial situation and secure housing. It sets out some of the strategies being used to prevent mental ill health, build resilience in communities and support individuals to access services.
Military families / veterans		X	
Gender identity		X	

As a result of this screening, is an EqIA required?

(If you have answered yes to any of the screening questions or any of the group (above), a full EqIA should be undertaken)

- ☐ Yes
- ☐ No

Briefly explain your answer

We have answered 'yes' to the following questions and therefore a full EIA is being completed:

- Does this proposal plan to introduce, review or change a policy, strategy or procedure
- Does this proposal affect service users and/or customers, or the wider community?
- Has any engagement / consultation been carried out?

EqIA Screening Sign off

Officer completing this Screening Template	Matilda Moss and Jack Workman	Date	25th October 2019
Equality Lead		Date	
Shadow Buckinghamshire Corporate Board sign off		Date	

Please continue to the next page to complete a full EqIA.

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EqIA – Full Equality Impact Assessment

Step 1: Introduction

Policy or Service to be assessed:
All Age Mental Health Strategy

Service and lead officer:
Integrated Commissioning (CHASC): Matilda Moss, Head of Integrated Commissioning

Officers involved in the EqIA:
Jack Workman, Specialist Commissioning Manager

What are you impact assessing?

- ☐ Existing
- ☐ New/proposed
- ☐ Changing/Update revision

Other, please list:

Step 2: Scoping – what are you assessing?

What is the title of your service/strategy/policy/project?
All Age Mental Health Strategy

What is the aim of your service/strategy/policy/project?
See Sections 1 and 2 of the EIA screening tool.

Who does/will it have an impact on? E.g. public, visitors, staff, members, partners?

- **Staff / partners** - A clear vision for addressing mental health in Buckinghamshire will support partners to work together to address need, build resilience within the community and ensure people can access the right support when needed.
- **People with mental ill health and their families / carers** – The strategy will support future decisions about how we commission and deliver services for people with mental ill health.

Will there be an impact on any other functions, services or policies? If so, please provide more detail

The strategy reflects the expectations for mental health services as set out by the Government in national documents / plans such as the NHS Long Term Plan and the Five Year Forward View for Mental Health. As such it will help Buckinghamshire to provide services and support in a way that is aligned to the expectations of national policy.

The strategy will replace the previous Adult Mental Health and Dementia Strategies. It will also pull in the key themes from our Local Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing. It will not replace this document as there remains a national expectation that this is refreshed and submitted to government on an annual basis.

The strategy sets out a number of priority areas for action. However, any plans to remove or change existing services would need to be subject to a separate decision making process.

Are there any potential barriers to implementing changes to your service/strategy/policy/ project?

The strategy sets out our vision for addressing mental health and emotional wellbeing and a number of priorities for action. Our ability to deliver against these is dependent on a number of **enablers** including:

- **The continued availability of resources:** This includes local investment in services / initiatives, national investment (for example through the government's commitment in the NHS Long Term Plan to increase investment in mental health services). It also includes resources within local communities to build resilience and networks of support. The priorities in the strategy reflect the availability and commitment of current investment and resources, but the strategy in itself does not commit any additional resources. Where there are changes to resources available and this has an impact on local services, then this will need to be subject to a separate decision making process. The strategy will be updated annually and this will allow for any changes in available resources to be reflected.
- **Strong partnership working:** The mental health needs of people in Buckinghamshire are met through a range of services or interventions. Some of these are formally commissioned as mental health services by the Local Authority and Clinical Commissioning Group. Support is also offered through a range of statutory and non-statutory agencies such as youth services, schools, and voluntary and community sector organisations. Effective support requires strong joint working across all of these partners to help people access the right advice and support when they need it.
- **The Buckinghamshire workforce:** We need to have a strong and skilled workforce within our dedicated mental health services. We also need non-clinical staff and volunteers in other settings to have the relevant training, skills and experience to help support people with mental ill health and emotional wellbeing. For this reason the strategy places an emphasis on training and support for non-mental health professionals across the wider workforce – for example the roll out of our mental health support teams in schools and training around suicidality.
- **Families and Carers:** The strategy recognises the huge contribution made by families and carers. It also identifies that more needs to be done to ensure families and carers can access information and support.

Step 3: Information gathering – what do you need to know about your customers?

What data do you already have about your service users, or the people your policy or strategy will have an impact on, that is broken down by equality strand?	
Age/Disability:	Mental health impacts people of all ages, and national data indicate the likely prevalence of mental health needs at different ages. **Children:** According to the 2017 national prevalence survey of children and young people's mental health:

- It is estimated that half of all lifetime cases of psychiatric disorders start by age 14 and three quarters start by age 24 years.
- Nationally, one in eight 5 to 19 year olds (12.8%, of the population) had at least one type of mental health disorder.
- There has been a small upward trend in mental health disorders in 5 to 15 year olds; 9.7% in 1999, 10.1% in 2004 and 11.2% in 2017.
- Emotional disorders are becoming more common in 5 to 15 year olds, going from 4.3% in 1999 to 3.9% in 2004 and then increasing to 5.8% in 2017. All other types of disorder, such as behavioural, hyperactivity and other less common disorders have remained similar in prevalence for this age group since 1999.
- Rates of mental disorders increase with age. 11.2% of 5 to 15 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds.

National prevalence data would suggest that Buckinghamshire has 9,082 children and young people aged 5-19 with a diagnosable mental health disorder.

- 0-19 years 13,400
- 5-19 years 9,082
- 5-16 years 9,897
- 17-19 years 2,992

If these statistics are looked at in terms of key stages in a child's life:

- Primary School years: One in ten (9.5%) of 5 to 10 year olds had a mental health disorder.
- Secondary school years: One in seven (14.4%) 11 to 16 year olds had a mental health disorder.
- Transitioning to adult hood: One in six (16.9%) 17 to 19 year

Further and more detailed information on the prevalence of different mental health conditions amongst children and young people is included in the Buckinghamshire Local Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing and the Buckinghamshire Joint Strategic Needs Assessment. This information has been used to inform our priorities for children and young people's mental health as set out in the Local Transformation Plan and the Mental Health Strategy.

Adults and older adults: The Adult Psychiatric Morbidity Surveys provide data on the prevalence of both untreated and treated mental illness. The 2014 survey identified that working age people were twice as likely to have symptoms of common mental disorders as those aged over 65 years.

There are a range of risk factors and protective factors for mental wellbeing and health. Within the adult population, for some risk factors there may be higher prevalence within specific age groups. For example, people who have mental health problems are vulnerable to substance misuse, and people who misuse substances often have mental health problems. 1 in 4 adults (100,000) in Buckinghamshire are drinking above the recommended alcohol levels. In Buckinghamshire, the highest proportions of people drinking above recommended levels are women aged 55-64 years and men aged 65-74 years. People over 65 years old have the highest rate of alcohol-related hospital admissions in Buckinghamshire.

	Suicide: The Suicide Audit of Coroner's Notes (covering 2014-16) showed that for both men and women, the 40-49 year age-group had the highest number of suicides, which is similar to the England picture. **Dementia:** Dementia mainly affects older people over the age of 65, but it can affect people who are younger. In the UK there are 17,000 younger people (aged under 65) living with dementia. However, this number is likely to be an under-estimate, and the true figure may be up to three times higher. Data on the numbers of people with young-onset dementia are based on referrals to services, but not all those with young-onset dementia seek help in the early stages of the disease. Age is the most significant risk factor for developing dementia. The proportion of people with dementia doubles for every 5 year age group and one third of people over 95 have dementia. The prevalence rates for dementia in the UK are: • 40-64 years: 1 in 1400 • 65-69 years: 1 in 100 • 70-79 years: 1 in 25 • 80+ years: 1 in 6 • 90+ years: 1 in 3 In Buckinghamshire it is estimated that nearly 7000 people aged 65+ have dementia and this number is expected to rise to more than 8000 in the next 5 years as the proportion of older people in the population increases. Further and more detailed information is available in the Buckinghamshire Joint Strategic Needs Assessment.
Gender re-assignment:	The 2017 mental health prevalence survey findings (children and young people) indicate that people who are lesbian, gay, bisexual transgender or questioning are more susceptible to having a mental health disorder. 34.9% of 14-19 year olds who identified LGBTQ had a mental health disorder compared with 13.2% who identified as heterosexual. In terms of gender reassignment specifically, where individuals feel there is a mis-match between their biological sex and their gender identify, this can lead to gender dysphoria which is a medical condition and not a mental health issue. However, where people are living with the discomfort of gender dysphoria this may impact adversely on mental health. Whilst research in this area is not comprehensive, some research suggests that transgender men and women who undergo gender reassignment surgery are less likely to need mental health support later on.
Race:	Although nationally, data and research relating to the prevalence of mental health amongst the BAME community is still relatively under-developed there is a recognition that people from these backgrounds are: • more likely to be diagnosed and are at greater risk of mental health problems. • more likely to be admitted to hospital. • more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health. • more likely to live in poorer or overcrowded conditions, increasing the risks of

	developing mental health problems Those from gypsy and traveller communities are also more at risk of mental ill health. More than 25,000 older black and minority ethnic (BME) people live with dementia in the UK, in part due to vascular risk factors such as hypertension often found in African-Caribbean and South Asian UK populations. Research suggests BAME communities often face delays in dementia diagnosis and barriers in accessing services. There are a number of factors that may contribute to this including increased stigma or a 'duty of care' within certain cultures, language barriers or fear of discrimination.
Religion or belief:	Some of the potential barriers in accessing services that are experienced by BAME communities relate to religious beliefs. For example in Hinduism, Sikhism and Islam a 'duty of care' can be associated with a test from God (Rauf, A (2011) Caring for Dementia: Exploring good practice on supporting South Asian carers, Bradford Metropolitan District Council.)
Sex:	**Children and young people:** The prevalence of some mental health conditions is impacted by gender. The 2017 prevalence survey showed that: • Rates of emotional disorders are higher in girls than boys (10% and 6.2% respectively) • Behavioural or conduct disorders are more prevalent in boys (5.8% and 3.4% respectively) • Rates of hyperactively disorder are higher in boys than girls (2.6% and 0.6% respectively) The Buckinghamshire JSNA estimates that 60% of children and young people with a mental health disorder in Buckinghamshire are male. **Adults and older adults:** The Adult Psychiatric Morbidity Surveys provide data on the prevalence of both untreated and treated mental illness. The 2014 survey identified 1 in 6 (15.7%) people with symptoms of common mental disorders. Women were more likely to be affected than men. 1 in 5 (19.1%) of women had symptoms compared with 1 in 8 (12.2%) of men. Women were also more likely than men to have severe symptoms. There are a number of risk factors for suicide but data shows that men, particularly middle aged men, are particularly at risk (Public Health England, 2016, Local suicide prevention planning: a practice resource). In the UK 61% of people with dementia are female and 39% are male
Sexual orientation:	The 2017 mental health prevalence survey findings (children and young people) indicate that people that are lesbian, gay, bisexual transgender or questioning are more susceptible to having a mental health disorder. 34.9% of 14-19 year olds who identified LGBTQ had a mental health disorder compared with 13.2% who identified as heterosexual.
Pregnancy and maternity:	Perinatal Mental Health disorders are those which occur during pregnancy and up to one year after birth. They include both conditions with their first onset during this

	period and pre-existing conditions that may relapse or recur during pregnancy or the post-partum year. Mental health problems are no less common in pregnancy than at other times in a woman's life and for some conditions there is an increased risk during pregnancy and postnatally. Perinatal mental health problems affect up to 20% of women. They can cause short-term problems including difficulties with attachment and caring for the baby, and in severe cases the risk of harm to the baby, or suicide, which is one of the leading causes of death for mothers during pregnancy and the year after birth. If left untreated they can have significant and long lasting effects on the woman, her baby and her family. One in two of all cases of perinatal depression go undetected in routine care and of those detected, many do not receive the evidence-based treatment they need. Postnatal depression has also been reported to be associated with depression in fathers and with high rates of family breakdown. Depression in mothers appears to increase the risk of poor birth and child outcomes including higher rates of spontaneous abortion, low birth weight babies, developmental delay, retarded physical growth, and physical illnesses such as chronic diarrhoeal illness. There is also evidence that children born to depressed mothers do less well educationally, experience higher levels of behavioural problems and are more likely to develop psychological problems in later life. Prolonged, severe postnatal depression has been linked with higher rates of divorce, less strong bonding with the infant and reduced emotional adjustment and cognitive development among children. Estimated prevalence rates for Buckinghamshire (2015) • Post-partum psychosis 15 • Chronic serious mental illness 15 • Severe depression 170 • Mild/moderate anxiety/depression 560-840 • Post-Traumatic Stress Disorder 170 • Adjustment Disorder/Distress 840-680 (Source: Public Health England Public Health Profiles. Accessed on 3rd October 2019 at https://fingertips.phe.org. uk/ © Crown Copyright 2019) Further and more detailed information is available in the Buckinghamshire Joint Strategic Needs Assessment.
Marriage & Civil Partnership:	There is not a large body of research into the relationship between marriage or civil partnership and mental health. The research that does exist tends to indicate that overall married people are least likely to have mental disorders, and have higher levels of emotional and psychological well-being than those who are single, divorced, or cohabiting. However, it will be more important for professionals to understand the impact of marriage or civil partnership for each individual. This could act as a protective factor through a partner who forms part of a network of support. Equally a complex or abusive relationship could act as a significant risk factor.
Do you need any further information broken down by equality strand to inform this EqIA? ☐ Yes	

☐ No

If yes, list here with actions to help you gather data for the improvement plan in Step 5

The vision set out in the strategy recognises that we need to provide personalised care, tailored to the needs of each individual – "not one hat fits all". These needs will be influenced by a number of factors, including the protected characteristics outlined above.

The strategy priorities increasing access for under-represented groups including those from BAME communities and people who are LGBT. Nationally there is some research around access for different groups (see above), but our local understanding is not fully developed. Whilst action against the strategy will include developing strategies to widen access and target intervention, there will also be a need to ensure there is good baseline data around access for different groups in order to plan these strategies and measure how effective they have been.

Is there any potential for direct or indirect discrimination?

☐ Yes
☐ No

If yes, please provide more detail on how you will monitor/overcome this

The strategy itself is unlikely to have any potential for direct or indirect discrimination. Moving forward, the strategy will impact how services and interventions are commissioned and delivered. Given this it will be important that any proposals to change provision or to introduce new initiatives or interventions are subject to a decision making process and EIA.

Step 4: Making a judgement about impacts

What data do you already have about your service users, or the people your policy or strategy will have an impact on, that is broken down by equality strand?	
Age:	Commissioned services collect data on service users, including age. There is no current evidence that our age profile in terms of prevalence is significantly different from what is projected based on national estimates.
Disability:	A number of people accessing mental health services and support will have a disability as defined by the Equality Act. The strategy recognises the need to widen access to services, including providing choice about where and when people access services. People with other disabilities (for example physical and sensory disabilities) will also access mental health services and support. Disability information is collected by commissioned services to allow them to make individual adaptations to the way services and support are provided. However, there is not currently sufficient local information to evidence whether there are additional actions that could be taken to remove any barriers to services for this group.

Gender re-assignment:	There is not a clear understanding of the Buckinghamshire picture in terms of individuals who are transgender / have had gender reassignment and the impact this has on mental health or the likelihood of individuals accessing services.
Race:	Ethnicity data is collected by commissioned services. National research identifies lower access rates for individuals from BAME backgrounds. However, more work needs to be done locally to improve our data and evidence around service access by individuals from BAME groups and to develop approaches that will remove any additional barriers these groups face in accessing services.
Religion or belief:	As outlined in the previous section, national research identifies potential additional barriers to accessing services that may relate to religious beliefs. More work needs to be done to improve our understanding of the impact this has in Buckinghamshire.
Sex:	Commissioned services collect data on service users, including sex. There is no current evidence that our local profile in terms of prevalence is significantly different from what is projected based on national estimates.
Sexual orientation:	There is not a clear understanding of the Buckinghamshire picture in terms of individuals who are LGBT and the impact this has on mental health or the likelihood of individuals accessing services.
Pregnancy and maternity:	Estimated prevalence rates for perinatal mental health conditions are calculated for Bucks based on national figures. There is no evidence to suggest that our rates are at a significant variance from these estimates.
Marriage & Civil Partnership:	This data is not collected and monitored at an aggregated level by commissioned services. Where relevant, this information will be discussed as part of service provision. For example to understand either the protective factors or risk factors that may be contributing to an individual's mental health or emotional wellbeing.

Conclusion:

Section 4 has highlighted that across a number of protected characteristics we need to do more work to fully understand the impact on access to service, experience of services, and outcomes achieved. In many cases there is evidence through research nationally that these groups face additional vulnerabilities and barriers to accessing services – although in some instances the research nationally is under-developed.

This is recognised in the strategy, where improving access for under-represented groups is a priority. This will need to include the development of a better data and evidence baseline to inform interventions and strategies to remove any additional barriers that these groups are facing.

As well as groups with protected characteristics we are also keen to consider the needs of carers (including young carers) and young people who are not in employment, education or training (NEET).

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Step 5: Improvement plan – what are you going to change?

Issue	Action	Performance target (what difference will it make)	Lead Officer	Achieved
Improved data and information needed around any additional barriers to accessing services faced by those with protected characteristics.	Through commissioned services develop improved baseline information around service access and experience for individuals with protected characteristics.	• Baseline information is available to provide evidence about service access for those with protected characteristics. • The data is used to develop relevant interventions to mitigate against additional barriers faced by these groups.	Jack Workman, Specialist Commissioning Manager (All Age Mental Health)	

EqIA approved by:	
Date:	
Next review date:	