

Equality Impact and Engagement Assessment Form		
Complete this section Please retain one copy, and pass one copy to both the Equalities and Engagement leads		
Section one – Project or plan details		
1.1	Project Title: Rotherhive Digital Platform	
1.2	Project Lead: Kate Tufnell/ Laura Drumgoon	Contact Details:
1.3	This activity /project is: Other – digital platform to support mental health	
1.4	Describe the activity/project <p>Support to deal with life's challenges is vital in providing the basis for good mental health; we know that dealing with a variety of challenges successful can make the difference between coping and not. From several initiatives, feedback and community conversations; it became clear that people need a reliable place to source trustworthy and validated information when life is challenging.</p> <p>The digital platform brings together targeted information in helpful sections to offer support and contribute to preventing mental health crisis.</p> <p>Phase one – development of a public facing digital platform Phase two – development of a professional / frontline staff section to the digital platform</p>	
1.5	Timescales <ul style="list-style-type: none"> • Start of development; and early conversations January 2020 • Early drafts and workshop February 2020 • Beta testing and checking late April/early May 2020 • Launch for mental health week (phase one) Mid May 2020 • Phase two development (TBC) June onwards 	
2	Equality Impact Assessment	
2.1	Gathering of Information: This is the core of the analysis; how might the project or work impact on protected groups, with consideration of the General Equality Duty. Please add any general information here. <p>The project cross cuts all of the protected characteristics, and applies to all.</p> <p>Emphasis has been given to a number of areas, where concerns have been highlighted, for example access to the information for people who are deaf or whose first language is not English; this has been built into the platform, as far as possible. (An area of concern raised as part of initial development discussions)</p> <p>In addition, the often overlooked needs of carers, and people experiencing perinatal mental health problems have been included; as have the needs of veterans.</p> <p>Where specific resources have been identified for different genders, these have been addressed and included. Information for the platform generally has been sourced through the following:-</p> <ul style="list-style-type: none"> • NHS UK website links • local websites • local knowledge • local contacts and theme leads/professionals 	

	All attempts possible have been made to ensure that the information, links and contacts are up to date and validated.			
2.2	Screening			
	Please complete each area)	What key impact have you identified?		Information Source
		Positive Impact - will actively promote or improve equality of opportunity.	Neutral Impact - where there are no notable consequences for any group.	Negative Impact negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures.
	Human Rights	Y		What action, if any, is needed to address these issues and what difference will this make? For example: <i>At this point no action is required. Further EIA screenings will be developed in future once there are recommendations to assess.</i>
	Age	Y		Links to rights IE regarding domestic abuse
	Carers	Y		Specific information for older people; signposting to existing local resources for young people
	Disability	Y		specific section
	Sex	Y		Whole platform targeted at avoiding mental ill health
	Race	underway		Targeted gender specific information where this is relevant ie information on domestic violence for all.
	Religion or belief		Y	ongoing development of the offer for BAME communities in light of COVID 19 as of June 2020
	Sexual Orientation		Y	
	Gender reassignment		Y	
	Pregnancy and maternity	Y		section re perinatal mental health includes information for mums and dads
	Marriage/civil partnership (only eliminating discrimination)		Y	
	Other relevant groups	Y		as outlined above i.e. veterans
3	Engagement Assessment			
3.1	What is the level of service change? <p>If your project is classed as a 'significant variation' (level 3) or 'major change' (level 4) please contact england.yhclinicalstrategy@nhs.net for a preliminary discussion to support planning and agree whether the service change needs to follow the NHS England Service Change Assurance process.</p> <p>The assurance process generally looks at the 'case for change' The key players in the process include overview and scrutiny teams, and the clinical senates. You can also refer to the DH guidance: (please note that level 4 changes will require considerable long term planning and this DH guidance is mandatory for all level 4 changes) http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/nhs_public_involvement_-hempsons_stp.pdf</p>			

	DH 2013
	<p>Level 1</p> <p>Add additional information and rationale for this scoring below</p> <p>Platform developed as a result of engagement with a variety of stakeholders; stakeholders involved throughout development</p>
3.2	<p>Who are your stakeholders?</p> <p>Consider using a mapping tool to identify stakeholders - who is the change going to affect and how? Complete below or attach or link to a mapping document</p> <p>Potentially anyone could be impacted by the issues covered in the platform, and few individuals or families do not have someone close who is impacted by one of the issues or by mental health problems.</p> <p>The need for this as a solution, to support the very 'upstream' issues in terms of positive and validated self-help resources was highlighted, as a result of conversations through work on anti-depressants, and the men's mental health small grants, among other initiatives.</p> <p>Stakeholders are very extensive; and include RDASH, and a variety of community organisations whose information is included, or who may potentially use the platform with their clients. Many of these have contributed information and/or attended the workshop</p> <p>RotherHive Information has been sent to:</p> <ul style="list-style-type: none"> ▪ COVID 19 Creative Recovery Programme Working Group ▪ Listening Ear (Merseyside) – Bereavement Support Services Amparo and Listening Ear ▪ CCG Pharmacists ▪ Practice / PCN Pharmacists ▪ Community Pharmacists ▪ Doncaster CCG ▪ ICS mental health colleagues ▪ Care Co-ordination lead Kate Baxendale (TRFT) ▪ All CCG Staff ▪ SYP, RMBC Safeguarding teams and Education ▪ CCG GP Bulletin ▪ Governing Body ▪ SCE ▪ TRFT ▪ VAR ▪ Healthy Workforce Lead – TRFT ▪ Healthy Workforce Lead – RDash ▪ Healthy Workforce Lead – RMBC ▪ Practice Managers – Rachel Garrison's daily communication ▪ Rotherham Mental Health and Learning Disabilities Transformation Groups ▪ RDash ▪ Crossroads ▪ Age UK ▪ Testing Group Participants

	<ul style="list-style-type: none"> ▪ Alzheimer's Society Doncaster and Rotherham ▪ Stroke Association ▪ Patient engagement community group ▪ RMBC commissioning team ▪ Housing Related Support Organisations commissioned by RMBC ▪ PPG members that are contactable by email ▪ Carers forum ▪ Carers 4 carers ▪ Parent carers ▪ Rema ▪ Rotherham older people forum ▪ Healthwatch ▪ HealthWise <p>Workshop Attendees:</p> <p>Rotherham CCG – 10</p> <p>RMBC – 2</p> <p>Patient groups – 2</p> <p>crossroads -1</p> <p>VAR – 1</p> <p>Standout media – 1</p> <p>Rdash – 1</p> <p>Healthwatch -1</p> <p>Roundabout Ltd - 1</p>
3.3	<p>What do we already know?</p> <p>What do you already know about peoples' access, experience, health inequalities and health outcomes? Use intelligence from existing local, regional or national research, data, deliberative events or engagements.</p> <p>as 3.2</p> <p>Digital access</p> <p>In the past, there has been challenge around the instigation of digital options (ie proposals for IESO and Healios); information around this was included in the IAPT paper. However, research demonstrated that 93% of UK homes now have internet access (The Office of National Statistics (ONS)), and suggests that most people who choose not to have internet access at home, make this decision because they are not interested or feel it is irrelevant to their lives rather than a lack of skills to be able to use it.</p> <p>Evidence during the COVID Lockdown period has shown an increase in the number of people accessing health care information and advice via digital formats. Examples of this include:</p> <ul style="list-style-type: none"> • Rotherham APP used by around 6000 per week (need to check with JO) • High uptake of digital ASD assessment offer • High Uptake of the IAPT digital offer • Introduction of Video consultation in both primary care and mental health <p>Deafness and access to Mental Health Services</p> <p>Feedback from discussions with the -Clinical Nurse Specialist in Mental Health and Deafness (RDASH) has told us the following, and supports this approach for this community</p>

- Depression, anxiety and severe illnesses, such as bipolar and schizophrenia are common with the deaf community.
- [Mental illnesses](#) are compounded in the deaf community by difficulties communicating with care providers — researchers have found that lip-reading isn't adequate, interpreters who know sign language are scarce, and many diagnostic tools depend on knowledge that's not common among those who are deaf.
- Locally people from the Deaf community struggle to access crisis services, which are telephone based
- Deaf people generally have poorer health than hearing people, simply because access to medical services and health information isn't routinely provided in sign language.

Covid19, mental health and BAME communities

As of June 2020, we are seeing emerging concerns and issues focused on the anticipated surge in demand for mental health services as a result of COVID 19 (informally, from primary care staff and via public and patient channels); and potential additional impact on the BAME communities.

Current needs and solutions are not yet clear, however the intention is that the platform will address these as soon as possible, working with and in response to the local community. These conversations are currently underway, and reports and engagement findings are beginning to emerge locally, nationally, and regionally; and will continue to inform the iterative development of the platform.

<https://www.centreformentalhealth.org.uk/covid-19-nations-mental-health>

https://www.centreformentalhealth.org.uk/sites/default/files/2020-05/CentreforMentalHealth_Briefing56_Trauma_MH_Coronavirus_2.pdf

Describe any existing arrangements to involve patients and the public which are relevant to this plan/activity and/or provide relevant sources of patient and public insight?

How will the insight available to you help to inform your decision?

as 3.2

In addition, in early May, prior to launch we undertook extensive Beta testing with a wide variety of contacts. Testing Group consisted of 17 Males aged between 21 – 66 and 28 Females aged between 22 and 68. (additional demographics captured and available on request).

Briefly describe how the existing or proposed engagement will be ‘fair and proportionate’, in relation to the activity?

The platform has been designed in response to issues highlighted by people with lived experiences and community organisations; and stakeholders involved throughout.

3.4

Reaching out to overlooked communities

Are additional arrangements for patient and public involvement required for this activity and in particular how will ensure that ‘seldom-heard’ groups, those with ‘protected characteristics’ under the Equality Act, and those experiencing health inequalities are involved

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <ul style="list-style-type: none"> • Seldom-heard groups • Nine Protected Characteristics • Health inequalities | Yes/No
Yes/No
Yes/No |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|

If yes, please provide a brief outline of your approach and objectives for any additional patient participation targeted at these groups

The priority for this piece of work was to involve people with lived experience of mental health problems, and people who work with them.

However, the project has been overtaken by additional needs as a result of Covid-19; and potential additional impact on the BAME communities. We have acknowledged that this area of the platform could be strengthened, and will seek to do so, working with people from the BAME communities in Rotherham. However, because of the quickly developing situation, and the timing of Ramadan, this has proven

	<p>challenging prior to launch. Support and specific information relevant to these communities is planned, but did not delay launch of the platform, which was seen as a priority.</p> <p>Since launch, the work with local BAME communities has begun, with an initial report received from REMA (link below); this will inform future developments for this cohort, and the next steps are currently under discussion.</p> <p>R:\6. Patient Engagement\co vid 19\MH consultation covid19.docx</p> <p>Nationally, research and information is becoming available almost daily; relevant guidance and reports (such as the one below) will continue to also inform future developments.</p> <p>https://www.centreformentalhealth.org.uk/covid-19-inequalities-mental-health</p> <p>Do you need to make any of your resources accessible (i.e. for people with learning disabilities, sight impairments alternative languages?)</p> <p>see 2.1 we also anticipate developing additional accessibility features in the platform as it matures and develops</p>					
3.5	<p>What resources do you need for this?</p> <p>Consider the sections above</p> <ul style="list-style-type: none"> • The timescales • The need to reach overlooked communities • Accessible materials • Gaps in knowledge <p>Specific resources are very hard to estimate in the currently unpredictable and changing climate; however, the platform gives us a real head-start in meeting digital demand and providing a very current and practical solution. In addition, the platform will need to meet needs as determined by feedback and responding to use; it is seen as an iterative, responsive and user-led process, which means some unforeseen areas will likely emerge during development</p> <ul style="list-style-type: none"> • Additional working with the BAME community to address emergent needs as a result of COVID-19 and access to services; needs and resources to be identified as this element of the work develops. • Ongoing development of the site using user feedback, such as page utilisation, feedback . • Capacity to move all development, involvement and feedback to online processes in line with the Covid-19 response 					
4	Feedback and Evaluation					
4.1	<p>How will you use the feedback – who does it need to be shared with?</p> <p>NA</p>					
4.2	<p>Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity.</p> <p>See sections above; participation has informed the whole process, and will continue to do so The future development of the platform will be in response to feedback from users</p>					
4.3	<p>How will the outcomes of participation be reported back to those involved?</p> <p>Via emails to those who have contributed; sharing the completed platform</p>					
4.4	<p>How will you assess the ongoing impact of the change on patients and the public after it has been completed?</p> <p>Ongoing feedback from users once the platform is live will continue to inform future developments</p>					
5	Engagement and Equality Impact Plan					
	<table border="1"> <thead> <tr> <th>Action</th><th>Approx. Timescale</th><th>Lead</th><th>Deadline</th><th>Comments/ progress</th></tr> </thead> </table>	Action	Approx. Timescale	Lead	Deadline	Comments/ progress
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	Please see spate development and action plan, which incorporates actions relevant to engagement and equalities	
6	Form details	
	Completed by:	Kate Tufnell
	Job title:	Head of Adult Mental Health Commissioning
	Date	23 06 2020
	Reported to	Ian Atkinson