Thurrock Council

Community Equality Impact Assessment

Service area and lead officer

Name of service	Public Health / Adult Social Care
Lead officer name	Maria Payne
Lead officer job title	Strategic Lead – Public Health
Lead officer email address	mpayne@thurrock.gov.uk

Subject of this assessment

What specific policy, strategy, function or service is the subject of this assessment?					
Southend, Essex and Thurrock Mental Health Strategy 2023-28					
Borough-wide or location-specific?					
☐ Borough-wide ☐ Location-specific – please state locations below.					
Click or tap here to enter text.					
Why is this policy, strategy, function or service development or review needed?					
Thurrock undertake a lot of work to address mental health needs in partnership with other organisations, many of whom span across Essex. On a strategic level, we sit on numerous ICB-level and SET-level forums for both children's and adults mental health transformation.					
Before now, there have been two separate pan-Essex mental health strategies – one for adults and one for children's – both of which Thurrock has previously been part of. This supersedes both documents as they have both expired, and provides a current collective agreed picture of priorities across the SET geography, whilst simultaneously recognising existing priorities and needs in local areas.					

1. Consultation and supporting information

1.1. What steps you have taken, or do you plan to take, to consult or engage the whole community or specific groups affected by this development or review? **This is a vital step.**

Steps you have taken, or plan to take, to consult or engage				
An external agency, Tricordant, were commissioned by Essex County Council to deliver the Mental Health strategy, development of which included gathering inputs from the community and specifically those with lived experience of mental ill-health. They held conversations with over 100 individuals, groups or organisations across Essex.				
It is intended that there will be a lived experience group to continuously inform the delivery of the strategy, and we will ensure there is appropriate Thurrock representation on that forum.				
1.2. What data or intelligence sources have you used to inform your assessment of the impact? How have these helped you understand who will be affected by the development or review?				
Sources of data or intelligence, and how they have been used				
A number of data sources have been used in both the development of the strategy and consideration of its impact, including the Census 2021 showing our local demographic profile, local research undertaken to identify groups at risk of experiencing inequalities in mental health condition prevalence and service access, and data on those currently known to mental health services to consider where we might need to focus.				

2. Community and workforce impact

2.1. What impacts will this development or review have on communities, workforce and the health and wellbeing of local residents?

Communities and groups	Positive	Neutral	Negative	Summary of positive and negative impacts	How will positives be maximised, and negatives minimised or eliminated?
Local communities in general				Commitments made in this strategy span across the spectrum of mental health, with the vision to promote good emotional and mental health for everyone, reduce health inequalities and to improve life outcomes for those with mental ill-health, enabling them to recover and live well.	The pan-Essex Strategy Implementation Group will have Thurrock representation which in turn will feed into our local Mental Health Partnership Forum arrangements in order to ensure relevant work benefits our Thurrock residents.
Age				A number of commitments in this strategy focus on the 'all age' approach, or the 'think family' approach, meaning that a greater level of consideration will be given across age groups rather than to consider them in silo and risk people 'falling through gaps'. Certain age groups are also mentioned specifically in this strategy, including 18-25 year olds and older people, as local data on inequalities in mental health has identified them to be at risk of poorer mental health outcomes.	Locally we will ensure these elements are joined up with relevant Thurrock forums and partners.

Communities and groups	Positive	Neutral	Negative	Summary of positive and negative impacts	How will positives be maximised, and negatives minimised or eliminated?
Disability				A strong focus of this strategy is to improve outcomes of those with existing poorer mental health, with SMI and Eating Disorders explicitly mentioned. In Thurrock we are particularly aware of our higher than average premature mortality rate for those with SMI so we welcome inclusion of this group as a priority focus.	We will coordinate work with our physical health and social care colleagues to ensure holistic offers of support are in place as per strategic commitments.
Gender reassignment		\boxtimes		No particular impact has been identified from this strategy.	Click or tap here to enter text.
Marriage and civil partnership				No particular impact has been identified from this strategy.	Click or tap here to enter text.
Pregnancy and maternity				One of the commitments in the strategy is to improve access to perinatal and specialist mental health care for all new and expectant mothers. We know this access is particularly challenged in Thurrock.	In Thurrock we are particularly delivering on this via our Family Hubs Transformation Programme and the investment into the perinatal mental health / parent-infant relationship aspects, which adds capacity and strengthens interagency pathways so that perinatal mental health issues can be met at an earlier stage.

Communities and groups	Positive	Neutral	Negative	Summary of positive and negative impacts	How will positives be maximised, and negatives minimised or eliminated?
Race				Whilst not explicitly prioritised in this strategy, it is mentioned that individuals from certain ethnic minority groups are at higher risk of poorer mental health or are disproportionately seen in certain services (e.g. secondary care). The commitments in this strategy to reduce health inequalities and focus on the wider determinants of health should particularly address some areas of racial inequality.	We will ensure that the lived experience group that work alongside the professionally-led Strategy Implementation Group incorporate views from a range of backgrounds, to ensure that opportunities to target delivery against certain commitments are not missed.
Religion or belief		\boxtimes		No particular impact has been identified from this strategy.	Click or tap here to enter text.
Sex		\boxtimes		No particular impact has been identified from this strategy.	Click or tap here to enter text.
Sexual orientation		\boxtimes		No particular impact has been identified from this strategy.	Click or tap here to enter text.
Location-specific impact, if any		\boxtimes		No particular impact has been identified from this strategy.	Click or tap here to enter text.
Workforce		\boxtimes		No particular impact has been identified from this strategy.	Click or tap here to enter text.

Communities and groups	Positive	Neutral	Negative	Summary of positive and negative impacts	How will positives be maximised, and negatives minimised or eliminated?
Health and wellbeing of residents				The overarching vision of this strategy is to promote good emotional and mental health for everyone, reduce health inequalities and to improve life outcomes for those with mental ill-health, enabling them to recover and live well. This also includes support for residents to support their own mental health and wellbeing where appropriate.	Via the partnership delivery plan owned by the Strategy Implementation Group.
Socio-economic outcomes		\boxtimes		No particular impact has been identified from this strategy.	Click or tap here to enter text.
Veterans and serving members of the armed forces				Whilst not explicitly prioritised in this strategy, it is known that veterans and armed forces personnel are at risk of experiencing poorer mental health / developing post-traumatic stress disorder. Commitments are made within the strategy to reduce health inequalities within services.	We will ensure that the lived experience group that work alongside the professionally-led Strategy Implementation Group incorporate views from a range of backgrounds, to ensure that opportunities to target delivery against certain commitments are not missed. We will also connect this to local work around promoting support available to veterans on an ongoing basis.

3. Monitoring and review

3.1. How will you review community and equality impact once the policy, strategy, function or service has been implemented? These actions should be developed using the information gathered in sections 1 and 2 and included in your service area's business plans.

Action	By when	By who
To ensure appropriate representation from Thurrock on both the Strategy Implementation Group and the lived experience group.	September 2023	Maria Payne / SET Strategy Implementation Group
To ensure the monitoring mechanism for the Strategy includes adequate mechanisms to capture community feedback / impact on an ongoing basis.	September 2023	Maria Payne / SET Strategy Implementation Group
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4. Next steps

4.1. The information gathered must be used to inform reports presented to Cabinet or overview and scrutiny committees. This will give members a necessary understanding of the impact their decisions will have on different groups and the whole community.

Summarise the implications and customer impact below. This summary should be added to the committee reports template in the Diversity and Equality Implications section for review and sign-off at the consultation stage of the report preparation cycle.

Summary of implications and customer impact

The SET Mental Health Strategy outlines a number of commitments and priorities for system partners, including Thurrock Council, which aim to promote good emotional and mental health for everyone, reduce health inequalities and to improve life outcomes for those with mental ill-health, enabling them to recover and live well.

Data analysis undertaken to inform the strategy has identified that there are certain population groups that may be at higher risk of poorer mental health outcomes. We will ensure that the delivery plan underpinning the SET Mental Health Strategy prioritises action for these groups and aligns to other existing strategic commitments within Thurrock to improve community cohesion and reduce health inequalities.

5. Sign off

- 5.1. This Community Equality Impact Assessment must be authorised by the relevant project sponsor, strategic lead, or assistant director. Officers authorising this assessment are responsible for:
 - the accuracy of the information
 - making sure actions are undertaken

Name	Role	Date
Maria Payne	Strategic Lead – Public Health	11/07/23
Ceri Armstrong	Strategic Lead – Commissioning & Procurement	Click or tap here to enter text.
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