# **City of York Council**

# **Equalities Impact Assessment**

# Who is submitting the proposal?

Directorate:		Adult Social Care		
Service Area:		Transformation Team		
Name of the proposal :		York Community Mental Health Hub		
Lead officer:		Kate Helme		
Date assessment completed:		22/10/2024		
Names of those who	contributed to the assessi	ment:		
Name	Job title	Organisation	Area of expertise	
Kate Helme	Community Mental Health Programme Manager	City of York Council	Project oversight, commissioning, partnership, codesign, workforce development	
Savanna Thompson	Community Mental Health Project Manager	City of York Council	Project oversight, partnership, codesign, workforce development	
Rachel Parker	System Change Lead	York mind	Voluntary sector, commissioning, local strategic context	

EIA 02/2021

## Step 1 – Aims and intended outcomes

## 1.1 What is the purpose of the proposal?

Please explain your proposal in Plain English avoiding acronyms and jargon.

York's Mental Health Partnership was established in 2017 with a co-produced vision of a City where:

- we all feel valued by our community, connected to it, and can help shape it.
- We are enabled to help ourselves and others, build on our strengths, and can access support with confidence.
- We are proud to have a Mental Health Service that is built around our lives, listens to us, is flexible and responds to all our needs.

The partnership has secured NHS funding to adopt a partnership approach to mental health transformation, including the codesign, testing and setting up of a mental health hub model for York. This Project is entitled 'Connecting our City'.

One of the key priorities for the Project was to establish a mental health hub model for York modelled on the world-famous Trieste offer. The Trieste offer represents a relational approach that is embedded within the community, highly accessible and that balances the social and medical determinants of mental health. These hubs will offer a range of support in a flexible manner with a multi-agency team consisting of social workers, social prescribers, peer-workers, a co-production lead and core mental health professionals. Working as a multi-agency team they are able to be responsive, person-centred and enable early intervention to prevent a decline in mental health. The Hub supports a person to develop a network of community assets, tailored to their interests and needs, that will support them to be independent and thrive in their local communities.

The purpose of this proposal is to establish the interim commissioning arrangements for the voluntary sector elements of the mental health hubs as they expand from one to three across the City.

## **1.2 Are there any external considerations?** (Legislation/government directive/codes of practice etc.)

This decision complies with both the **Health and wellbeing** and **Cost of Living** priorities within the 2023-2027 Council Plan. The project looks to improve access to mental health and wellbeing support, ensure open access, person centred and flexible support. Integrated models of care allow best use of resources, avoid duplication and avert more costly acute and crisis services. Offering flexible support within the community will increase accessibility for groups who are currently underrepresented within mental health services.

The model also seeks to address the **health inequalities** for people with a severe mental illness by improving access to physical health support, addressing the social determinants of mental health and building community connectedness.

Advice has been taken from both procurement and legal colleagues regarding compliance with the Contract Procedure Rules. Risk to the council is lower as the Contract Procedure Rule requirements for grants aren't as prescribed for the award of Grants as they are for the award of contracts.

The NHS England Community Mental Health Transformation Framework describes how the Long Term Plan's vision for a place-based community mental health model can be realised, and how community services should modernise to offer whole-person, whole-population health approaches, aligned with the new Primary Care Networks. The Connecting our City project is the City of York's approach to implementing this framework.

1.3	Who are the stakeholders and what are their interests?
	Primary partners: NHS Humber and North Yorkshire Integrated Care Board, Tees Esk Wear Valleys NHS FT, CYC Adult Social Care, York CVS, York Mind, York Carers Centre, Nimbuscare.  All of the above have an interest in improving mental health and wellbeing in York. Most of the partners also have staff within the mental health hub.  The hub also works with wider partners including CYC local coordinators, as well as housing, employment and benefits services who support with the wider social determinants that impact an individual's health.

What results/outcomes do we want to achieve and for whom? This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2019- 2023) and other corporate strategies and plans.
To improve the outcomes of those accessing mental health support in the city by providing support that is strength based, person centred delivered by a multidisciplinary team from partners across the system (health, social care, voluntary sector etc.). Working more collaboratively with partners, will enable a system approach to better supporting individuals with mental health needs and in turn, reduce the demand on services.
The project will help support the council's plans to build resilient communities by fostering collective responsibility for mental health across the system, empowering the workforce to work collaboratively and in new ways to better meet the needs of the community. Ability to support cross sector working, will upskill our current workforce who will be equipped to deliver high quality mental health support and respond to the evolving needs of the community. Nurturing skills to meet the city needs are core elements of both the Skills and Economic strategies.

We aim to reducing health inequalities by decreasing mental health disparities among different social and economic groups providing targeted interventions in areas with high needs. Supported by data and health needs assessments we will identify priority areas and implement outreach opportunities in those communities.

This approach supports a number of ambitions outlined in the ten-year York Joint Health and Wellbeing strategy to build a collaborative health and care system, that promotes equality of health outcomes across the city and that prevents issues from escalating to 'avoid later harm'. Placing hubs in the heart of the community to aid recovery and offer support for those with multiple and complex needs also furthers the aims identified in the All-Age Commissioning strategy.

## The project will measure outcomes via the following:

- Increase in ReQol score (Recovering Quality of Life a Patient Reported Outcome measure) for those accessing the hub
- Improvement in goal-based outcome measure for those accessing the hub.
- Improvement in ACQol scores (Adult Carer Quality of Life Questionnaire) for carers supported by the hub.
- Reduction in use of services such as crisis/inpatient for those using the hub
- Increased connectedness to communities
- Those accessing the hub reporting positive experiences as per the coproduced evaluation framework
- Longer term reduction in access to crisis services and A&E, reduction in inpatient admissions and readmissions, reduction in referrals to secondary care and those needing secondary care having quicker access to specialist support.

**Step 2 – Gathering the information and feedback** 

2.1	What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights? Please consider a range of sources, including: consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.			
Source of da	ta/supporting evidence	Reason for using		
07-25/pu	Healthwatch report nealthwatchnorthyorkshire.co.uk/report/2023- iblics-experience-mental-health-services w.healthwatchyork.co.uk/news/our-latest- king-point-a-recent-history-of-mental-health- crisis-care-in-york/	Helps to understand local experience of mental health services and identify areas for development/improvement to inform the project		
Neur	rodiversity and mental health survey	Has helped us to better understand the gaps in community based support for neurodiverse individuals and the priorities for developing support in these areas.		
	Conversation cafe notes	We hold monthly conversation cafes for people who have accessed the hub and anyone who is interested in the developments. These sessions are directly informed by issues and questions that have arisen through the hub or the wider project. Ideas/views and outcomes from these meetings directly inform the hub team and the project.		

The Council Plan 2023 to 2027, <b>One City, For All</b> <a href="https://www.york.gov.uk/council-plan-1/one-city-2023-2027">https://www.york.gov.uk/council-plan-1/one-city-2023-2027</a>	Meets health and wellbeing and cost of living priorities
Hub Codesign output	We conducted an in-depth codesign process to inform the first mental health hub developments. We established a group of people with representation from a wide range of individuals with direct experience of mental ill health as well as practitioners from across health, social care and the voluntary sector. The principles and vision identified within these sessions continue to drive the developments of the mental health hub.
	We are now conducting a new codesign process with a group of individuals from the local acomb/holgate/westfield area representing the diverse community in this area. This process will help us to ensure the new 24/7 hub is designed in a way that is accessible and meets the needs of the local community.
Data/information on the Trieste Model	The York mental health hub model has been inspired by the Trieste model of mental health services which is recognised by the World Health Organisation. The Trieste Mental Health Department (MHD) is a public, community-based mental healthcare service of the Trieste Local Healthcare Agency, which aims to provide resources and encourage community-based health care services. MHD focuses on the elimination of discrimination, stigma and exclusion, as well as the

	promotion of full and complete rights of citizenship for people with mental illnesses. Recognised for years as one of the most advanced public mental healthcare services in the world, the Trieste MHD continues to remain a leader in innovative approaches to mental healthcare aimed at the emancipation and social reintegration of persons suffering from mental disorders.
Prototype Report	This report analysed the impact and outcomes of the prototype mental health hub and the findings have informed the developments of this model moving forward.
York Local Health and Wellbeing Strategy 2022-2032, York	
Joint Health & Wellbeing Strategy	will be and how these will be addressed

**Step 3 – Gaps in data and knowledge** 

Action to deal with this
We are continuing to gather data on impact of the current hub alongside feedback from those accessing support. This will be continuously monitored by the Joint Delivery Board. The NHSE 24/7 hub pilot has a national evaluation partner who will be supporting robust data gathering and evaluation as part of the pilot.

# **Step 4 – Analysing the impacts or effects.**

4.1	Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments? Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.			
and	Equality Groups Key Findings/Impacts Positive (+) High (H)			

Age	Positive impact of the Mental Health Hubs on individuals:  • The service is open to all aged 18 and upwards.	Positive (+)	Low (L)
	The recommendations of the executive report are intended to Improve the quality of life and independence for those impacted by mental illness within York; and achieve a sustainable model across the system.		
	Mitigation: There will not be any changes to the eligibility criteria based on age, with work ongoing to look at transitions for young people into adult services.		
	The project governance structure will enable continual improvement of service and identify improvements from data captured and formal feedback mechanisms to ensure service provision aligns with the model expectations.		
	All services commissioned and delivered under the Connecting Our Project are available for adult residents of York and are reviewed on a quarterly basis by the project steering group (partners from across the system).		
	The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.		
Impairment	There are no barriers to accessing the hubs and we follow the NHS England principle of 'all means all'. A flexible, open access approach to mental health support should positively impact people with a mental illness, learning disability, autism, physical and sensory impairments, substance use disorder and long term condition.	Positive (+)	High (H)
	The Project has established working groups to focus on areas such as neurodiversity and mental health and physical health and seeks to ensure that hub developments are informed by the learning. The hub		

team work holistically with an individual to understand their needs, goals and wishes and adapt support accordingly. The hub offer is flexible and can adapt depending on people's needs.

The hub model is underpinned by a number of core working principles which shape its systems, working practices and approach. This includes a commitment to relational and compassionate working that treats all people with dignity, equality and respect. A variety of informal and formal feedback mechanisms and governance structures are in place to ensure the quality of service delivery is maintained, that the working principles are being adhered to and that any needs for improvement are promptly addressed. (See section 5.1)

The recommendations of the executive report are intended to improve the effectiveness and accessibility of mental health support to residents in the city and enable better data collection to understand the positive impact and address negative impact in service delivery.

#### Mitigation:

Engagement with people with impairment in the co-design process of the mental health hub, ensuring their voices are heard in shaping services. Establish a mechanism for ongoing consultation with disabled service users to refine services over time. This could include attending conversation cafes. All levels of engagement will be appropriately adapted to ensure involvement and accessibility.

A communications plan will be developed to include multiple formats and ensure all materials are accessible for the individual, carers and support network which will be regularly updated. Accessibility is factored into which physical locations are selected for the hubs.

The project governance structure will enable continual improvement of service and identify improvements from data captured and formal

	feedback mechanisms to ensure service provision aligns with the model expectations.  All services commissioned and delivered under the Connecting Our Project are available for adult residents of York and are reviewed on a quarterly basis by the project steering group (partners from across the system).  The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.	
Gender	The service will continue to provide a person-centred approach to take into account individual needs. Any gender may require support for similar needs and issues which they need support with, the provision does not include priority need based on gender.  Mitigation: There will not be any changes to the eligibility criteria based on sex. There will be consideration of personal choice regarding pronouns for the individual supported and for Hub staff supporting individual.  The project governance structure will enable continual improvement of service and identify improvements from data captured and formal feedback mechanisms to ensure service provision aligns with the model expectations.  All services commissioned and delivered under the Connecting Our	Low (L)
	Project are available for adult residents of York and are reviewed on a quarterly basis by the project steering group (partners from across the system).  The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.	

Gender Reassignment	No specific detrimental impact upon individuals undergoing gender dysphoria or reassignment. Culturally appropriate services will be delivered by the Hub team and providers.  Mitigation:  Ensure that service use by individuals who have undergone gender reassignment or identify in another way than their assigned sex at birth is monitored, to understand their experience and health outcomes. Track metrics such as satisfaction, mental health improvements, and accessibility issues.  Proactively engaging the mental health hub team in LGBTQIA+ gender reassignment communities, ensuring they are aware of the services available, feed into the developments to ensure the offer is inclusive and feel encouraged to access them.  Ensure that the mental health hub has clear policies against discrimination based on gender identity or gender reassignment. These policies should protect both staff and service users from transphobia or harassment.  The project governance structure will enable continual improvement of service and identify improvements from data captured and formal feedback mechanisms to ensure service provision aligns with the model expectations.  All services commissioned and delivered under the Connecting Our Project are available for adult residents of York and are reviewed on a quarterly basis by the project steering group (partners from across the system).	Positive (+)	Medium (M)
Marriage and civil partnership	The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.  The service will continue to provide a person centred approach to take into account individual's needs. This includes putting in place support arrangements that wrap around the individual and partners, that are	Positive (+)	Low (L)

	tailored to their needs and that facilitates more seamless engagement with wider services where required – including wider health care, marital and civil partnership support where needed.  The recommendations of the executive report are intended to Improve the quality of life and independence for those impacted by mental ill health within York; and enable future developments within the wider service provision to achieve a sustainable model across the system.  Mitigation: The project governance structure will enable continual improvement of service and identify improvements from data captured and formal feedback mechanisms to ensure service provision aligns with the model expectations.  All services commissioned and delivered under the Connecting Our City Project are available for adult residents of York and are reviewed on a quarterly basis by the project steering group (partners from across the system).  The Council will comply with all relevant and forthcoming legislation,		
Pregnancy and maternity	Equalities Act 2010, Human Rights Act 1998.  The service will continue to provide a person-centred approach to take into account individuals' needs. This includes putting in place support arrangements that wrap around the individual, that are tailored to their needs and that facilitate more seamless engagement with wider services where required – including wider health care, pregnancy and maternity services where needed.  The project governance structure will enable continual improvement of service and identify improvements from data captured and formal feedback mechanisms to ensure service provision aligns with the model expectations.	Positive (+)	Low (L)

	The hub model is underpinned by a number of core working principles which shape its systems, working practices and approach. This includes a commitment to relational and compassionate working that treats all people with dignity, equality and respect. A variety of informal and formal feedback mechanisms and governance structures are in place to ensure the quality-of-service delivery is modelled, that the working principles are being adhered to and that any needs for improvement are promptly addressed. (See section 5.1)  The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.		
Race	Positive impact of the mental health hub and no specific detrimental impact upon individuals related to ethnicity or race issues is anticipated. The service will provide a person-centred approach to take into account the individual's needs. This protected group are often subject to discrimination and are often underrepresented within traditional mental health services due to barriers to access or cultural stigma relating to mental health. This can include:  • New refugees and asylum seekers  • York Gypsy and Traveller communities  • Black and Racially Minoritised Communities  • People with English as a second language  The recommendations of the executive report are intended to improve the accessibility and flexibility of mental health support and should	Positive (+)	High (H)
	therefore have a positive impact.  The project is also investing in local voluntary and community groups that represent some of these communities for example the York		

	Travellers Trust. Working in partnership with groups such as these will support the accessibility of the hub model.  Mitigation:  The project governance structure will enable continual improvement of service and identify improvements from data captured and formal feedback mechanisms to ensure service provision aligns with the model expectations.  The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.  The hub model is underpinned by a number of core working principles which shape its systems, working practices and approach. This includes a commitment to relational and compassionate working that treats all people with dignity, equality and respect. A variety of informal and formal feedback mechanisms and governance structures are in place to ensure the quality of service delivery is maintained, that the working principles are being adhered to and that any needs for improvement are promptly addressed. (See section 5.1)		
Religion and belief	The service will continue to provide a person centred approach to take into account the individual's needs. No specific detrimental impact upon individuals related to religion or belief issues is anticipated.  Mitigation:  Service specifications for all partners involved include a requirement for services to work with people with a range of needs including issues of diversity. All partners and staff working within the hub will be expected to support and match individuals' cultural needs such as language and support to access religious activities/requirements.	Positive (+)	Low (L)

	The hub model is underpinned by a number of core working principles which shape its systems, working practices and approach. This includes a commitment to relational and compassionate working that treats all people with dignity, equality and respect. A variety of informal and formal feedback mechanisms and governance structures are in place to ensure the quality of service delivery is modelled, that the working principles are being adhered to and that any needs for improvement are promptly addressed. (See section 5.1)  The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.		
Sexual orientation	The service will continue to provide a person-centred approach to take into account the individual's needs. This protected group are often subject to discrimination and there is a risk that they would be disproportionately affected by a change in care away from agencies and individuals based within the hub with whom they have built up trust.	Positive (+)	High (H)
	Mitigation:  Service specifications for partners who work within the hub include a requirement for services to work with people with a range of needs including issues of diversity. Transition arrangements will consider any individual need in relation to diversity and continuity of care will be actively considered as care packages are put in place.  The hub model is underpinned by a number of core working principles which shape its systems, working practices and approach. This includes a commitment to relational and compassionate working that treats all		

	the quality of service delivery is modelled, that the working principles are being adhered to and that any needs for improvement are promptly addressed. (See section 5.1)  The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.		
Other Socio- economic groups	Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?		
including:	, , , , , , , , , , , , , , , , , , ,		
Carer	Positive impact of the mental health hub model on unpaid carers. Carer support is embedded within the multi-agency hub team. A key part of the hub developments has been about recognising the vital role carers play within someone's life and their care and support. Significant culture change has taken place within the offer to ensure that carers are actively identified and supported.	Positive	High
Low income groups	The location of the 24/7 hub has been identified on the basis of data on levels of deprivation in the city, where the inequalities are most stark. Furthermore, it is envisaged that through effective use of population health data that the centre will have a measurable impact on both physical & mental health outcomes with a level of community surveillance. One example of this is for self-harm, which is more prevalent in areas of deprivation in the city.	Positive	High
Veterans, Armed Forces Community	A key part of the Hub development is around providing trauma- informed care, which will support Veterans that may have experienced trauma related to their military service. Veterans often face challenges when transitioning from military to civilian life, which can lead to feelings of isolation, loss of purpose, or identity crises. The hub will provide support that helps veterans navigate this transition, including social prescribing, peer support, and carer support for their wider support network.	Neutral	Low (L)

Other	A dedicated co-production lead is in place to work in conjunction with wider partners, from probation services to organisations that support communities where health inequalities are particularly prevalent, such as the Traveller's Trust. This ensures those accessing their services are aware of the hub offer, that any barriers ot engagement are identified and addressed and that their needs are factored into the ongoing review and design.	
Impact on human rights:		
List any human rights impacted.	<ul> <li>The City of York Council and the York Human Rights City Steering Group established the Human Rights and Equalities Board with a remit to:         <ul> <li>provide strategic direction for the council's human rights and equalities work</li> <li>tackle the issues raised within the York Human Rights City Indicator Report</li> </ul> </li> <li>Any services being developed and put in place to provide person centred care must adhere to these principles. Insights and findings from the hub provision and users of the service will be fed back to the Human Rights and Equalities Board. In turn, recommendations from the York Human Rights indicator reports will continue to be reviewed and applied.</li> </ul>	

# Use the following guidance to inform your responses:

#### Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups

- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them
- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that a proposal may be highly relevant to one aspect of equality and not relevant to another.

High impact (The proposal or process is very equality relevant)	There is significant potential for or evidence of adverse impact The proposal is institution wide or public facing The proposal has consequences for or affects significant numbers of people The proposal has the potential to make a significant contribution to promoting equality and the exercise of human rights.
Medium impact (The proposal or process is somewhat equality relevant)	There is some evidence to suggest potential for or evidence of adverse impact The proposal is institution wide or across services, but mainly internal The proposal has consequences for or affects some people The proposal has the potential to make a contribution to promoting equality and the exercise of human rights
Low impact (The proposal or process might be equality relevant)	There is little evidence to suggest that the proposal could result in adverse impact The proposal operates in a limited way The proposal has consequences for or affects few people The proposal may have the potential to contribute to promoting equality and the exercise of human rights

## **Step 5 - Mitigating adverse impacts and maximising positive impacts**

- Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is been done to optimise opportunities to advance equality or foster good relations?
  - Diversity and inclusion training for current and new staff, this includes unconscious bias, cultural competency, and inclusive communication. This ensures all services delivered as part of the project are respecting the unique needs of all community members.
  - Equal access to support has been embedded within the project deliverables to ensure all community
    members have equal access to mental health support, who fit within eligibility criteria. This includes
    outreach to marginalised groups, offer of support within identified safe spaces for the individual, attending
    groups within the community and offering a range of ways to access information or support.
  - Investment in VCSE who have strong connections with marginalised communities. They adopt tailored, accessible approaches to ensure the communities they are working with can access support that meets their needs e.g. York Travellers Trust. Potential impact of this could be more people accessing support which had been previously underrepresented.
  - The project reports to the York Mental Health partnership, which forms part of an enhanced governance structure, with partnering organisations and lived experience representation. The structure has clear processes of escalation to foster positive relationships within the system and is regularly monitored to reflect the developments within the project.
  - Development of volunteer opportunities for individuals who have benefited from mental health support to give back, share their experiences, and assist others in similar situations. This includes the development of a peer support programme that engages members of the community with lived experiences of mental ill health to have paid opportunities to provide peer-led support groups and 1-1 sessions.

# **Step 6 – Recommendations and conclusions of the assessment**

- Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:
  - No major change to the proposal the EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review.
  - **Adjust the proposal** the EIA identifies potential problems or missed opportunities. This involves taking steps to remove any barriers, to better advance quality or to foster good relations.
  - Continue with the proposal (despite the potential for adverse impact) you should clearly set out the
    justifications for doing this and how you believe the decision is compatible with our obligations under the
    duty
  - Stop and remove the proposal if there are adverse effects that are not justified and cannot be mitigated, you should consider stopping the proposal altogether. If a proposal leads to unlawful discrimination it should be removed or changed.

**Important:** If there are any adverse impacts you cannot mitigate, please provide a compelling reason in the iustification column.

Jaouneauerr column:	
Option selected	Conclusions/justification

No major change to the proposal	The impacts from the proposals are expected to be positive

# **Step 7 – Summary of agreed actions resulting from the assessment**

7.1	What action, by whom, will be undertaken as a result of the impact assessment.			
Impa	ct/issue	Action to be taken	Person responsible	Timescale
is gath of the charac	to ensure that data hered on the impact hub on protected cteristics and halised groups.	Ensure that robust data is gathered to help us to understand impact both from commissioned providers directly and via the hub recording system.	Kate Helme	Ongoing

## Step 8 - Monitor, review and improve

# 8. 1 How will the impact of your proposal be monitored and improved upon going forward? Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?

The mental health hub model will continue to be closely evaluated to measure outcomes and impact and equalities information will be a part of this data collection. Commissioned providers report quarterly to the connecting our city steering group.

The hub model approach is a reflective one which continually evolves on the basis of learning, reflective practice and the regular feedback from hub users and the monthly conversation cafes. All employers within the hub are committed to ongoing continuing professional development for staff.

The project is supported by the Innovation Unit, a national social enterprise who provide external expertise and capacity as well as impartial evaluation and service design support informed by national best practice.

The hub team is overseen by a Hub Manager who reports to the Joint Delivery Board on a monthly basis.

The Joint Delivery Board sits alongside the Connecting our City Steering group which meets on a monthly basis to monitor the progress of the wider project as a whole. Findings are fed back to the Mental Health Partnership which maintains governance and oversight and which in turn reports to the York Health and Care Place Board. That way, any learning can be embedded both at service and strategic level and shared with wider partners where relevant.