



North

Yorkshire County Council

Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

(Form updated May 2015)

Community support mental health and low level prevention services procurement

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যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔



Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find

completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	HAS- Community support mental health and low level prevention services
Lead Officer and contact details	Kashif Ahmed, Locality Head of Commissioning Kashif.Ahmed@northyorks.gov.uk
Names and roles of other people involved in carrying out the EIA	Caroline Townsend, Commissioning Manager Caroline.townsend@northyorks.gov.uk Katy Flint, Business Development Assistant Katy.Flint@Northyorks.gov.uk
How will you pay due regard? e.g. working group, individual officer	Through review of the EIA by the project steering group
When did the due regard process start?	02/02/2016

Section 1. Please describe briefly what this EIA is about. (e.g. are you starting a new service, changing how you do something, stopping doing something?)

The Council intends to undergo a procurement process to secure community support mental health and low level prevention services for a contract period of 2 years, which will allow for full needs assessments of county-wide community support mental health and low level prevention provision to take place. The needs assessments will inform commissioning plans for future provision and service delivery.

Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it? (e.g. to save money, meet increased demand, do things in a better way.)

The Council currently has 10 'generic' community support mental health contract and 20 low level prevention contracts, all due to end on the 30th September 2016. These contracts have been in place for a number of years – with some services having been established in the mid-1990s – and have been extended a number of times.

These services have not been commissioned based on a thorough needs assessment and have developed organically over time. Consequently there is not an equitable distribution of the types of services or investment for these services across the County.

There has not been a full review of the need for these services or their outcomes previously, and it is not feasible to undertake this process, and develop and commission a future commissioning model for services in the timeframe before contracts are due to end.

Hence it is proposed that services be secured for a period of time- 2 years- in order to allow the full needs assessments for both types of services (community support mental health and low level prevention) to take place. The needs assessments will include engagement with stakeholders, including service users and carers.

Some of the current contracts are not eligible to be extended due to EU procurement law, which requires that a competitive procurement process will now need to be undertaken for these services. The intention is that there will be a procurement process for these contracts, in order to secure service provision for 2 years whilst needs assessment is undertaken to identify future commissioning priorities.

The services that are required to undergo procurement are as follows:

Community support mental health

- Mental health sheltered workshop in Harrogate
- Harrogate mental health resource centre
- Mental health day service and befriending service for those aged over 65 with mental health issues in Hambleton and Richmondshire

Low level prevention

- Prevention services for older people (county wide)

The services will be procured through a single procurement exercise with 4 separate lots. The new services will be in place by 1st October 2016 with a contract length of 2 years.

Section 3. What will change? What will be different for customers and/or staff?

In order to secure current provision and minimise impact on service users, these services will be procured based on current service provision. However, following the procurement process there may be different support providers and different support staff for service users.

Currently local Clinical Commissioning Groups (CCG's) contribute a proportion of funding to all of the services that would be re-procured. The Council has been seeking confirmation from all CCG's regarding whether they are willing to continue their investment in these services. There may be some impact upon the level of service that can be provided by the services undergoing procurement if all of this investment is not available. However the reduction in investment would not affect the viability of any of these services.

As part of the procurement exercise service specifications will highlight the need to consider and address needs of those with protected characteristics. In addition providers bidding to deliver contracts will be asked to demonstrate how they will address specific needs of the different North Yorkshire district populations.

For example areas with high levels of deprivation tend to have higher levels of mental illness¹ and older people living in deprived areas tend to be at higher risk of poverty and social exclusion². The 2010 Index of Multiple Deprivation (IMD) identifies eighteen Lower Super Output Areas (LSOA's) within North Yorkshire) which are amongst the 20% most deprived in England. Fourteen of these LSOAs are in Scarborough district (around Scarborough and Whitby), two in Craven district (around Skipton), one in Selby district and one in Harrogate district. The population living in these areas totals 27,034 people across the 18 LSOA's.³.

In addition, the County is home to a significant military presence, including the UK Army's largest garrison at Catterick. It is estimated that at any one time, 17,000 MOD personnel may be based in North Yorkshire and this figure is likely to grow in coming years. The majority of serving and ex-Service personnel have relatively good mental health; however, there is evidence to suggest that they may find such issues hard to talk about. Early Service Leavers show high rates of heavy drinking, report suicidal thoughts or have self-harmed in the past compared to longer-serving ex-Service personnel.⁴ Therefore there is a need, particularly in the Richmondshire area for the support available to this group to be addressed by providers.

Section 4. Involvement and consultation (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

Formal engagement and consultation on the proposed changes is not required in this case, as there are no planned significant changes to the services delivered.

¹Indian Journal of Medical Research (2007) Available from: <http://medind.nic.in/iby/t07/i10/ibyt07i10p273.pdf>

² Help the Aged (2002). Growing older in socially deprived areas: social exclusion in later life. Available from: http://www.ageuk.org.uk/documents/en-gb/for-professionals/communities-and-inclusion/id2255_a_growing_older_in_socially_deprived_areas_social_exclusion_in_later_life_2002_pro.pdf?dtrk=true

³ North Yorkshire Joint Strategic Needs Assessment 2014/15 annual update (2015). Available from <http://www.nypartnerships.org.uk/index.aspx?articleid=26753>

⁴ North Yorkshire Mental Health Strategy 2015-2010, 'Hope, Control and Choice.' (2015). Available from <http://www.nypartnerships.org.uk/mentalhealthstrategy>

Some initial review work has been undertaken regarding community support mental health and low level prevention services. An analysis of the community support mental health contracts identified that the contracts cover the following service delivery areas:

- Information and advice
- Employment support
- Social inclusion
- Physical activity
- Social activities
- Carers support

The 20 low level prevention services currently in place cover a range of different types of services (including befriending schemes, lunch clubs and low level practical support).

A workshop undertaken in 2015 established that they can be grouped according to the following key themes which are consistent with the evidence base around low level prevention:

- Tackling social isolation and loneliness
- Supporting people's independence in their own homes (e.g. support with shopping, cleaning)
- Advice and information

Thorough engagement and consultation will take place as part of the full system needs assessments of community support mental health and low level prevention services, which will take place during 2016-2017.

Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?

Please explain briefly why this will be the result.

The cost to North Yorkshire County Council will be cost neutral, as there will be no change to the investment from the Council to these services.

Section 6. How will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
Age	X			<p>The North Yorkshire population is currently on average older than the English population and the population is ageing at a quicker pace to the rest of England overall. If the projections are accurate, this demographic change is likely to continue for the next two decades; with a predicted increase in people aged over 65 from 133,000 in 2013 to 211,000 by 2037, and a predicted increase in people aged over 85 from 17,500 to 47,000.⁵</p> <p>25% of older people have depressive symptoms which require intervention: 11% have minor depression and 2% major depression; the risk of depression increases with age – 40% of those over 85 are affected, 20–25% of people with dementia have major depression whereas 20–30% have minor or sub threshold depression. Dementia affects 5% of people aged over 65 and 20% of those aged over 80 in care homes, 40% of residents have depression, 50–80% dementia and 30% anxiety⁶</p> <p>By 2020 13,339 people aged over 65 in North Yorkshire are expected to have depression, rising to 16,447 by 2030. An additional 4,244 are expected to be severely depressed by 2020, rising to 5,419 by 2030.⁷</p>

⁵ North Yorkshire Joint Strategic Needs Assessment 2014/15 annual update (2015). Available from <http://www.nypartnerships.org.uk/index.aspx?articleid=26753>

⁶ Royal College of Psychiatrists (2010). No health without public mental health: the case for action. Position statement PS4/2010. Available from: <http://www.rcpsych.ac.uk/pdf/Position%20Statement%204%20website.pdf>

⁷ Protecting Older People Population Information (date unknown). Available from <http://www.poppi.org.uk/>

			<p>Preventative interventions are required to address the social care costs of an ageing population nationally in the UK.⁸ In addition the Care Act (2014) notes that councils have a duty to ‘prevent, reduce and delay’ need for care and support⁹.</p> <p>There is not anticipated to be any impact upon this protected characteristic as there are no significant changes planned to the services that will be delivered.</p>
Disability	X		<p>Mental health problems are significantly associated with long-term conditions and multiple morbidities, and they are a cause and consequence of episodes of ill health.¹⁰</p> <p>People with a learning disability are at higher risk of poor mental health. ¹¹</p> <p>Older people accessing low level prevention services may have physical disabilities, due to their age. Data on current services indicates that many people currently accessing these services in North Yorkshire do have a physical disability.</p> <p>There is not anticipated to be any impact upon this protected characteristic as there are no significant changes planned to the services that will be delivered. However, the implementation of new contracts allows the opportunity to review individual providers’ practice for disabled people as part of service implementation.</p>

⁸ Local Government Association (LGA) (2014). Adult social care funding: 2014 state of the nation report. Available from: <http://www.local.gov.uk/documents/10180/5854661/Adult+social+care+funding+2014+state+of+the+nation+report/e32866fa-d512-4e77-9961-8861d2d93238>

⁹ Department of Health (2014). Care and support statutory guidance. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

¹⁰ North Yorkshire Joint Strategic Needs Assessment 2014/15 annual update (2015). Available from <http://www.nypartnerships.org.uk/index.aspx?articleid=26753>

¹¹ North Yorkshire Joint Strategic Needs Assessment 2014/15 annual update (2015). Available from <http://www.nypartnerships.org.uk/index.aspx?articleid=26753>

Sex (Gender)	X			<p>According to research by the male suicide prevention charity Calm (Campaign Against Living Miserably), more than 40% of British men aged 18-45 have considered taking their own lives.¹² Middle aged men are most at risk of suicide, and suicide remains the leading cause of death for men between 20 and 34 in England and Wales.¹³</p> <p>12.5% of males aged 18-64 in North Yorkshire are predicted to have a common mental health disorder by 2020. 19.7% of females aged 18-64 in North Yorkshire are predicted to have a common mental health disorder by 2020.¹⁴</p> <p>There is not anticipated to be any impact upon this protected characteristic as there are no significant changes planned to the services that will be delivered. The implementation of new contracts allows the opportunity to review gender specific support as part of implementation with providers.</p>
Race	X			<p>In 2011 4.6% of North Yorkshire were from a non-white British ethnic group¹⁵ which is significantly below the national average.</p> <p>The ethnic diversity varies between districts with Harrogate having the biggest number of people identifying as non-white; Asian British and mixed /multiple ethnic group make up the major part of this diversity in Harrogate. Asian British is the largest group of non-white people in Craven and Richmondshire.¹⁶</p> <p>Harrogate and Selby also have the largest White, Non-British Ethnic groups; equating to 4.7% and 2.9% of the overall population respectively.</p>

¹² The Guardian (2015) Available from: <http://www.theguardian.com/society/2015/nov/02/men-account-for-76-of-suicides-in-2014-says-charity>

¹³ The Guardian (2015) Available from: <http://www.theguardian.com/society/2015/feb/19/number-of-suicides-uk-increases-2013-male-rate-highest-2001>

¹⁴ Projecting Adult Needs and Service Information (date unknown). Available from <http://www.pansi.org.uk/>

¹⁵ STREAM (Statistics, Mapping and Research for North Yorkshire and York) (date unknown). Available from [http://www.streamlis.org.uk/\(S\(yweins55ndrmz45ap2tsh55\)\)/Index.aspx?screenWidth=1366&screenHeight=768](http://www.streamlis.org.uk/(S(yweins55ndrmz45ap2tsh55))/Index.aspx?screenWidth=1366&screenHeight=768)

¹⁶ North Yorkshire Joint Strategic Needs Assessment 2014/15 annual update (2015). Available from <http://www.nypartnerships.org.uk/index.aspx?articleid=26753>

				<p>588 people identified themselves or household members as Gypsies or Irish Travellers in the 2011 Census. This equates to 0.1% of the population of the county. Ryedale and Selby have the largest number of people from Gypsy or Irish traveller ethnic groups, both with 0.2% of the district population.¹⁷ Gypsy, Roma, Travellers and Showpeople have poor outcomes across areas including health and mortality, access to appropriate accommodation and social care.</p> <p>In general, people from black and minority ethnic groups living in the UK are:</p> <ul style="list-style-type: none"> • More likely to be diagnosed with mental health problems • More likely to be diagnosed and admitted to hospital • More likely to experience a poor outcome from treatment • More likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health.¹⁸ <p>There is not anticipated to be any impact upon this protected characteristic as there are no significant changes planned to the services that will be delivered. However the implementation of new contracts allows the opportunity to review how providers will address the needs of ethnic minority groups.</p>
Gender reassignment	X			<p>People who identify with this protected characteristic are at increased risk of suicide and self-harm¹⁹</p> <p>There is not anticipated to be any impact upon this protected characteristic as there are no significant changes planned to the services that will be delivered. However, the implementation of new contracts allows the opportunity to review</p>

¹⁷ STREAM (Statistics, Mapping and Research for North Yorkshire and York) (date unknown). Available from [http://www.streamlis.org.uk/\(S\(yweins55ndrmz45ap2tsh55\)\)/Index.aspx?screenWidth=1366&screenHeight=768](http://www.streamlis.org.uk/(S(yweins55ndrmz45ap2tsh55))/Index.aspx?screenWidth=1366&screenHeight=768)

¹⁸ Mental Health Foundation (2015). Available from: <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

¹⁹ HM Govt (2011). No Health Without Mental Health – Cross-Government Mental Health Outcomes Strategy for People of All Ages. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

				individual providers' practice for gender reassignment as part of service implementation.
Sexual orientation	X			<p>People who are lesbian, gay and bisexual all have a higher risk of mental health problems and of self-harm²⁰</p> <p>There is not anticipated to be any impact upon this protected characteristic as there are no significant changes planned to the services that will be delivered. However, the implementation of new contracts allows the opportunity to review individual providers' practice for people's sexual orientation as part of service implementation.</p>
Religion or belief	X			<p>The 2011 census shows the majority of the population within North Yorkshire state they identify with Christianity as their religion, however the following areas have a higher percentage of the population stating another religion or belief as follows:</p> <p>Richmondshire: 0.7% Buddhist, 1 % Hindu Craven: 0.9% Muslim Scarborough: 0.5 % Muslim Harrogate: 0.4% Muslim²¹</p> <p>There is not anticipated to be any impact upon this protected characteristic as there are no significant changes planned to the services that will be delivered. However, the implementation of new contracts allows the opportunity to review individual providers' practice regarding religious beliefs as part of service implementation.</p>

²⁰ HM Govt (2011). No Health Without Mental Health – Cross-Government Mental Health Outcomes Strategy for People of All Ages. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

²¹ STREAM (Statistics, Mapping and Research for North Yorkshire and York) (date unknown). Available from [http://www.streamlis.org.uk/\(S\(yweins55ndrmz45ap2tsh55\)\)/Index.aspx?screenWidth=1366&screenHeight=768](http://www.streamlis.org.uk/(S(yweins55ndrmz45ap2tsh55))/Index.aspx?screenWidth=1366&screenHeight=768)

Pregnancy or maternity	X			<p>Postnatal depression affects 13% of women following childbirth²² In North Yorkshire postnatal depression support is available through health visitors and some local support groups.</p> <p>There is not anticipated to be any impact upon this protected characteristic as there are no significant changes planned to the services that will be delivered.</p>
Marriage or civil partnership	X			<p>There is not anticipated to be any impact upon this protected characteristic as there are no significant changes planned to the services that will be delivered.</p>

Section 7. How will this proposal affect people who...	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
..Live in a rural area?	X			<p>Outside urban centres and market towns, North Yorkshire is sparsely populated with 16.9% of the population living in areas which are defined as “super sparse” (fewer than 50 persons/km).²³</p> <p>There is a clear link between loneliness and poor mental and physical health²⁴</p> <p>Just under 60% of those aged 65+ live in rural areas, of which 8% of this population is in a dispersed sparse setting, meaning that the need for personal transport is likely to be high in these areas. The total number of those aged 65+ in North Yorkshire is just under 130,000 people.²⁵</p>

²² Royal College of Psychiatrists (2010). No health without public mental health: the case for action. Position statement PS4/2010. Available from: <http://www.rcpsych.ac.uk/pdf/Position%20Statement%204%20website.pdf>

²³ North Yorkshire Mental Health Strategy 2015-2010, ‘Hope, Control and Choice.’ (2015). Available from <http://www.nypartnerships.org.uk/mentalhealthstrategy>

²⁴ North Yorkshire Joint Strategic Needs Assessment 2014/15 annual update (2015). Available from <http://www.nypartnerships.org.uk/index.aspx?articleid=26753>

²⁵ North Yorkshire Joint Strategic Needs Assessment 2014/15 annual update (2015). Available from <http://www.nypartnerships.org.uk/index.aspx?articleid=26753>

				<p>There is not anticipated to be any impact upon this protected characteristic as there are no significant changes planned to the services that will be delivered. The implementation of new contracts allows the opportunity to review as part of implementation with providers how they will address rurality in service delivery.</p>
...have a low income?	X			<p>In North Yorkshire during the period October 2012 – September 2013, 4.7% of the population were classed as unemployed; of these, 15.6% were on long term sickness benefits.²⁶</p> <p>Common mental disorder is associated with a three-fold increased risk of unemployment as well as a reduced level of well-being. People in debt are more likely to experience depression and to die by suicide than those who are solvent.²⁷</p> <p>Men from households with the lowest 20% of incomes are almost three times more likely to have a common mental disorder than those with the top 20%. Similarly, self-harm is 3.2 times more common in men and 2.5 times more common in women from households with the lowest 20% of incomes.²⁸</p> <p>1.6 million pensioners live in relative poverty, defined as having incomes below 60 per cent median income after housing costs.²⁹</p> <p>There is not anticipated to be any impact upon this protected characteristic as there are no significant changes planned to the services that will be delivered.</p>

²⁶ North Yorkshire Mental Health Strategy 2015-2010, 'Hope, Control and Choice.' (2015). Available from <http://www.nypartnerships.org.uk/mentalhealthstrategy>

²⁷ Royal College of Psychiatrists (2010). No health without public mental health: the case for action. Position statement PS4/2010. Available from: <http://www.rcpsych.ac.uk/pdf/Position%20Statement%204%20website.pdf>

²⁸ Royal College of Psychiatrists (2010). No health without public mental health: the case for action. Position statement PS4/2010. Available from: <http://www.rcpsych.ac.uk/pdf/Position%20Statement%204%20website.pdf>

²⁹ Age UK (2014). Age UK evidence review: poverty in later life. Available from: <http://www.futureyears.org.uk/uploads/files/Age%20UK%20on%20poverty%20in%20old%20age.pdf>

				However the implementation of new contacts allows the opportunity to review how providers will address the needs of those with a low income.
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Section 8. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men) **State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.**

No.

Section 9. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)	Tick option chosen
1. No adverse impact - no major change needed to the proposal. There is no potential for discrimination or adverse impact identified.	✓
2. Adverse impact - adjust the proposal - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
3. Adverse impact - continue the proposal - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
Explanation of why option has been chosen. (Include any advice given by Legal Services.)	
Service provision will be remaining the same, therefore it is not anticipated that there will be any potential for discrimination or adverse impact.	

Section 10. If the proposal is to be implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)

The impact will be assessed throughout implementation and after. Service users will be informed of planned changes to services prior to new services being implemented by 1st October 2016. However, changes to service delivery will be minimal, and service user feedback will be gained following service implementation to understand any impacts from changes.

Section 11. Action plan. List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.

Action	Lead	By when	Progress	Monitoring arrangements
Service specifications to support delivery of services that maximises successful outcomes for all groups	KA/CT/VM	4/3/2016	Service specifications currently being finalised	Through project steering group
Dialogue with providers on how they will ensure equitable provision for specific groups (e.g. those in rural areas). This will be as part of the evaluation of provider bids, and will also be included in post-contract award negotiations with the successful provider(s).	KA/CT/VM	Following contracts award June – Oct 2016	Tender documentation being finalised	Through project steering group/service implementation meetings
Regular service delivery and performance monitoring of contracts with providers	KA/CT/VM	Following service implementation date 1/10/16	Arrangements for this will be agreed with providers upon contract award	Through project steering group/service implementation meetings
The Commissioning team will explore with providers on obtaining data on specific	KA/CT/VM	To be negotiated with new providers	Arrangements for this will be agreed with	Through project steering group/service implementation meetings

needs of protected characteristics upon contract award		once contracts awarded (date TBC)	providers upon contract award	
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Section 12. Summary Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

There is no significant changes planned to current service provision, and hence it is not anticipated there will be any negative impact upon people due to protected characteristics from the proposed procurement.

The Council will work with successful providers following contract award to ensure the risk of impact is minimised from changes to service delivery. Work will also be undertaken with providers to assess how they will meet the needs of protected characteristics in localities across all categories. Addressing protected characteristics will be monitored with providers through regular service delivery and performance monitoring.

Needs of and impact on people linked to protected characteristics will be fully considered in the strategic review and needs assessment to be undertaken during 2016/17. This will then inform future commissioning intentions.

Section 13. Sign off section

This full EIA was completed by:

Name: Katy Flint
Job title: Business Development Assistant
Directorate: Health and Adult Services
Signature: K.Flint

Completion date: 14/03/2016

Authorised by relevant Assistant Director



Kathy Clark

Date: 17/03/2016