

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

(Form updated May 2015)

Community support mental health contracts review

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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	Health and Adult Services- Commissioning
Lead Officer and contact details	Caroline Townsend, Commissioning Manager Caroline.townsend@northyorks.gov.uk Phone: 01609 535491
Names and roles of other people involved in carrying out the EIA	Victoria Marshall, Commissioning Officer Victoria.marshall@northyorks.gov.uk Phone: 01609 535251
How will you pay due regard? e.g. working group, individual officer	Through review of the EIA by the project working group
When did the due regard process start?	02/01/2018

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?)

Health and Adult Services (HAS) currently holds community support mental health block contracts with a number of different voluntary and community sector organisations for delivery of support across North Yorkshire.

Most of these contracts have been held by the Council for many years and the Council is legally required to re-procure this service provision as continuing to extend the contracts is no longer possible under EU procurement regulations. New arrangements for delivery of support will need to be procured and implemented by the 1st October 2018, when the current contracts are due to end.

Following an engagement exercise proposals for how the Council will commission voluntary sector organisations to deliver support on its behalf have been developed.

A consultation on these proposals has now been completed and preparations are being made for a procurement exercise to secure future support provision, which is due to commence April 2018.

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.)

Health and Adult Services (HAS) currently holds community support mental health block contracts with a number of different voluntary and community sector organisations for delivery of support across North Yorkshire. Local Clinical Commissioning Groups (CCGs) also contribute some funding towards delivery of these contracts.

Most of these contracts have been held by the Council for many years and the Council is legally required to re-procure this service provision as continuing to extend the contracts is no longer possible under EU procurement legislation. New arrangements for delivery of support will need to be procured and implemented by the 1st October 2018, when the current contracts are due to end.

The review of these contracts has been included as part of the overall HAS Social Care Mental Health Review, which aims to develop a distinct social care mental health offer to meet the needs of the North Yorkshire population.

The current contracts provide a range of different types of support, including:

- Mental health resource centres/hubs
- Social inclusion support/social activities
- Peer support
- A mental health sheltered workshop

Service provision has developed in an inequitable way across the County over a number of years, with a higher proportion of the current investment being concentrated in the Harrogate District – 60% of the total investment. None of the current contracts provide any support in Selby or Craven Districts.

The proposed future approach towards delivery of community based mental health support through the voluntary and community sector has been developed to ensure most effective use of resources, and to support delivery of NYCC Health and Adult Services 2020 Vision and the Health and Wellbeing Board Mental Health Strategy.

In order to establish a more equitable approach to allocation of funds based on population need an evidence-based funding formula has been developed with Public Health, which incorporates a number of factors linked to need for mental health support. This formula will form the basis for future allocation of funds through locality contracts.

The proposed approach has been developed based on engagement with a wide range of stakeholders, including people using services and their family members and carers.

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

Based on a clear message from the mental health engagement for the need for continued investment into mental health prevention, it is proposed that available investment from the community support mental health contracts will be used to support delivery of a commissioned adults mental health prevention offer across the County.

In addition it is proposed that the available funding be used to enable the delivery of community-based mental health support through locality-based contracts using a hub and spoke model to maximise access, to include delivery of support from central ‘hubs’ as well as from ‘spokes’ – other venues located in local communities.

Support provided through the hubs and spokes will be based on local need and complement existing assets. Support functions which may be delivered by future contracts will include some or all of the following:

- information, advice and signposting;
- brief practical interventions including housing, employment support and financial inclusion;
- support with self-care and life skills; and
- social and peer support.

Health and Adult Services currently funds a small number of organisations to deliver mental health centres which provide these and other types of support in some parts of the County. During the recent engagement exercise people have told us how highly valued these services are in their local communities, about the benefits they provide in helping to prevent people from developing mental health issues and helping people to recover from mental health issues and stay well.

These services accept referrals from a range of sources, including self-referrals, and the intention is that this would be the case for the proposed future model. In addition it is proposed that support would be available to all adults aged 18 and over, and access to support would not be restricted based on mental health condition.

Support would be delivered using a 'hub' and 'spoke' approach to maximise access, to include delivery of support from central 'hubs' as well as from 'spokes' – other venues located in local communities.

It is proposed that locality-based contracts for hub and spoke delivery would be awarded to organisations to deliver support.

Organisations delivering support in communities will be encouraged to complement any existing services and community assets and tailor support provided to meet the needs of the local population. As part of the procurement process organisations bidding to deliver support will be asked to demonstrate how they will address specific needs of the different North Yorkshire district populations. There will also be an increased focus on developing partnerships with a wide range of organisations in order to facilitate delivery of outcomes.

Implementation of the new model would result in a more equitable approach to delivery of the types of support available in different districts and allocation of investment. Currently none of the community support mental health contracts investment provides any delivery in the Selby or Craven district Council areas.

Because the contracting model will be different and because any procurement exercise means that the current providers may change it is likely that the funding may move to some or all new organisations. This may impact on the individuals who currently utilise the current services, but would not be anticipated to have any adverse impact on the wider population.

The Council has confirmed ongoing funding commitment at existing levels from North Yorkshire CCG's for the vast majority of existing financial contributions to the contracts.

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?)

Engagement and consultation to date has included involvement from a wider range of stakeholders, including people using services and their family members and carers, current and potential support providers, and Health and Adult Services and mental health staff.

An engagement exercise as part of the adult social care mental health review took place during September and October 2017. This engagement included a number of locality engagement events which were used to explore what was working well with mental health services and support in different North Yorkshire localities, and how things might be improved.

A copy of the review engagement report is available from:

<http://www.nypartnerships.org.uk/mentalhealthreview>

A consultation on proposals for how the voluntary and community sector would be commissioned to deliver mental health support on behalf of the Council in the future took place during 22nd January –19th February 2018.

As part of the consultation a stakeholder event was held on the 5th February at the Forum in Northallerton to hear people's views on the proposals. In addition, people were able to respond to the consultation by completing either an online or paper-based survey, or emailing feedback to the commissioning team.

Feedback received during the consultation has now been collated and analysed. There was strong support for the model put forward, although there were some concerns about how much support may be deliverable within the available budget. Taking this into account, the future support specification will allow flexibility in how investment is used to deliver support, by specifying key requirements but not being prescriptive in how support may be delivered. This will allow available investment to be used to address local needs based on existing assets, services and identified need.

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

It is anticipated that the cost to North Yorkshire County Council will be cost neutral, as there are no savings planned as a result of the review.

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 47,000.¹</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. 40% of care home residents have depression, 50–80% have dementia and 30% have anxiety.²</p> <p>The intention is that the future commissioning model will support all adults aged 18 years and over. As there has not been a consistent approach to eligibility for support based on age across the County with existing contracts previously, there may be the potential for a positive impact on this protected characteristic resulting from this change. In addition the implementation of new arrangements for investment presents an opportunity to review the offer for older people with mental health issues.</p>

¹ North Yorkshire Joint Strategic Needs Assessment 2014/15 annual update (2015). Available from <http://www.nypartnerships.org.uk/index.aspx?articleid=26753>

² 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>

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.³</p> <p>People with a learning disability are at higher risk of poor mental health. ⁴</p> <p>There is potential for some positive impact on this protected characteristic as a result of an increased focus on developing partnerships with a wide range of organisations in order to facilitate delivery of outcomes, and engaging with ‘hard to reach’ groups.</p>
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.⁵ 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.⁶</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 2020.⁷</p> <p>It is not anticipated that there will be any adverse impact on this protected characteristic. However the implementation of new arrangements for delivery of support provides an opportunity to review the need for gender specific support.</p>

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

⁵ The Guardian (2015) Available from: <http://www.theguardian.com/society/2015/nov/02/men-account-for-76-of-suicides-in-2014-says-charity>

⁶ The Guardian (2015) Available from: <http://www.theguardian.com/society/2015/feb/19/number-of-suicides-uk-increases-2013-male-rate-highest-2001>

⁷ Projecting Adult Needs and Service Information (date unknown). Available from <http://www.pansi.org.uk/>

Race		X		<p>In 2011 4.6% of the North Yorkshire population were from a non-white British ethnic group⁸ 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.⁹</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> <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.¹⁰ 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.¹¹
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⁸ STREAM (Statistics, Mapping and Research for North Yorkshire and York) (date unknown). Available from [http://www.streamlis.org.uk/\(S\(yweins555ndrmz45ap2tsh55\)\)/Index.aspx?screenWidth=1366&screenHeight=768](http://www.streamlis.org.uk/(S(yweins555ndrmz45ap2tsh55))/Index.aspx?screenWidth=1366&screenHeight=768)

⁹ North Yorkshire Joint Strategic Needs Assessment 2014/15 annual update (2015). Available from <http://www.nypartnerships.org.uk/index.aspx?articleid=26753>

¹⁰ STREAM (Statistics, Mapping and Research for North Yorkshire and York) (date unknown). Available from [http://www.streamlis.org.uk/\(S\(yweins555ndrmz45ap2tsh55\)\)/Index.aspx?screenWidth=1366&screenHeight=768](http://www.streamlis.org.uk/(S(yweins555ndrmz45ap2tsh55))/Index.aspx?screenWidth=1366&screenHeight=768)

¹¹ Mental Health Foundation (2015). Available from: <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

				There is potential for some positive impact on this protected characteristic as a result of an increased focus on developing partnerships with a wide range of organisations in order to facilitate delivery of outcomes, and engaging with 'hard to reach' groups.
Gender reassignment		X		<p>People who identify with this protected characteristic are at increased risk of suicide and self-harm¹²</p> <p>There is potential for some positive impact on this protected characteristic as a result of an increased focus on developing partnerships with a wide range of organisations in order to facilitate delivery of outcomes, and engaging with 'hard to reach' groups.</p>
Sexual orientation		X		<p>People who are lesbian, gay and bisexual all have a higher risk of mental health problems and of self-harm¹³</p> <p>There is potential for some positive impact on this protected characteristic as a result of an increased focus on developing partnerships with a wide range of organisations in order to facilitate delivery of outcomes, and engaging with 'hard to reach' groups.</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</p>

¹² 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

¹³ 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

				<p>Scarborough: 0.5 % Muslim Harrogate: 0.4% Muslim¹⁴</p> <p>It is not anticipated that there will be any adverse impact on this protected characteristic. However the implementation of new arrangements for delivery of support provides an opportunity to review needs around support for people of different religions or faith.</p>
Pregnancy or maternity		X		<p>Postnatal depression affects 13% of women following childbirth¹⁵ In North Yorkshire postnatal depression support is available through health visitors and some local support groups.</p> <p>There is potential for some positive impact on this protected characteristic as a result of an increased focus on developing partnerships with a wide range of organisations in order to facilitate delivery of outcomes.</p>
Marriage or civil partnership	X			<p>It is not anticipated that there will be any adverse impact on this protected characteristic.</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).¹⁶</p>

¹⁴ STREAM (Statistics, Mapping and Research for North Yorkshire and York) (date unknown). Available from [http://www.streamlis.org.uk/\(S\(yweins555ndrmz45ap2tsh55\)\)/Index.aspx?screenWidth=1366&screenHeight=768](http://www.streamlis.org.uk/(S(yweins555ndrmz45ap2tsh55))/Index.aspx?screenWidth=1366&screenHeight=768)

¹⁵ 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>

¹⁶ North Yorkshire Mental Health Strategy 2015-2010, ‘Hope, Control and Choice.’ (2015). Available from <http://www.nypartnerships.org.uk/mentalhealthstrategy>

			<p>There is a clear link between loneliness and poor mental and physical health¹⁷</p> <p>As the new commissioning model supports delivery of support through ‘spoke’ and outreach models, there is the potential for this change to have a positive impact on this protected characteristic.</p>
...have a low income?		X	<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.¹⁸</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.¹⁹</p> <p>Areas with high levels of deprivation tend to have higher levels of mental illness²⁰. 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.²¹.</p>

¹⁷ North Yorkshire Joint Strategic Needs Assessment 2014/15 annual update (2015). Available from <http://www.nypartnerships.org.uk/index.aspx?articleid=26753>

¹⁸ 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>

¹⁹ 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>

²⁰ Indian Journal of Medical Research (2007) Available from: <http://medind.nic.in/iby/t07/i10/ibyt07i10p273.pdf>

²¹ North Yorkshire Joint Strategic Needs Assessment 2014/15 annual update (2015). Available from <http://www.nypartnerships.org.uk/index.aspx?articleid=26753>

				Some existing contracts already provide support to people on low incomes and enable access to support with finances and benefits. There may be the opportunity for implementation of new contracts to have positive impact on this protected characteristic, as the future specification will reference support with benefits as one of the support function elements.
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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)	

<p>4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.</p>	
<p>Explanation of why option has been chosen. (Include any advice given by Legal Services.)</p> <p>There is no evidence to suggest that any particular groups will be adversely impacted as a result of the proposed changes.</p> <p>In order to mitigate against any potential adverse impact on people as a result of currently funded organisations not receiving funds to deliver support future contracts, support will be made available from the NYCC Stronger Communities team and Community First Yorkshire, in order to look at alternative sustainability and funding options.</p>	

<p>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?)</p> <p>Any impact as a result of changes will be assessed throughout implementation and after. People using services will be informed of planned changes to services prior to new services being implemented. Any changes to service delivery will be monitored and reviewed as part of contract monitoring arrangements. Feedback from people using services will be gained during and following service implementation to understand any impacts from changes.</p>

<p>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.</p>				
Action	Lead	By when	Progress	Monitoring arrangements
Service specifications to support delivery of services that maximises successful outcomes for all groups	CT/VM	1 st April 2018	Service specification currently in development	Through project working 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	CT/VM	Following contracts award June – Oct 2016	Tender documentation being finalised	Through project working group/service implementation meetings

will also be included in post-contract award negotiations with the successful provider(s).				
Regular service delivery and performance monitoring of contracts with providers	CT/VM	Following service implementation date 1/10/18	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 needs of protected characteristics upon contract award	CT/VM	To be negotiated with new providers once contracts awarded (date TBC)	Arrangements for this will be agreed with providers upon contract award	Through project steering group/service implementation meetings

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.

The reconfiguration of investment into community support mental health contracts provides an opportunity to deliver a more equitable offer in terms of support available. There are no particular impacts identified for protected characteristics, but as part of the implementation of new contracts arrangements will be established to ensure the needs of people with specific needs arising from protected characteristics are addressed throughout the term of new contracts, and these will be monitored through contract monitoring arrangements.

Section 13. Sign off section

This full EIA was completed by:

Name: Caroline Townsend, Commissioning Manager, Caroline.townsend@northyorks.gov.uk, Phone: 01609 535491

Authorised by relevant Assistant Director: Kathy Clark

Date: 5/4/2018