

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

(Form updated May 2015)

Mental health and substance misuse supported housing procurement

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email [communications@northyorks.gov.uk](mailto:communications@northyorks.gov.uk).

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- Mental health and substance misuse supported housing
Lead Officer and contact details	Kashif Ahmed, Locality Head of Commissioning ( <a href="mailto:Kashif.Ahmed@northyorks.gov.uk">Kashif.Ahmed@northyorks.gov.uk</a> )
Names and roles of other people involved in carrying out the EIA	Victoria Marshall, Commissioning Officer ( <a href="mailto:Victoria.Marshall@northyorks.gov.uk">Victoria.Marshall@northyorks.gov.uk</a> )  Katy Flint, Business Development Assistant ( <a href="mailto:Katy.Flint@northyorks.gov.uk">Katy.Flint@northyorks.gov.uk</a> )
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?	18 <sup>th</sup> January 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 currently has 9 x mental health and 1x substance misuse (drugs and alcohol) supported housing contracts, which are all due to end on the 30<sup>th</sup> September 2016.

The mental health contracts are delivered by 8 different providers and provide both floating and accommodation-based mental health housing support in North Yorkshire. These contracts are funded from the supporting people budget and have been in place for many years.

The contracts cover the following districts: Craven, Hambleton, Richmondshire, Scarborough and Selby. There is no contracted provision in the Harrogate district; however there is Council provided 'in-house' floating and accommodation-based mental health supported housing services in Harrogate.

The substance misuse supported housing service is based in the Harrogate district and has been delivered by a single provider since January 2013. It is also funded by the supporting people budget

The intention is to undergo a procurement exercise for Mental Health and Substance Misuse supported housing provision across North Yorkshire, and award contracts for 10 separate service delivery lots. In order to minimise impact upon service users services will be procured based on current provision, and there are no significant changes to current service delivery planned.

**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.)**

NYCC is required to formally re-procure all of these contracts, as extending them is no longer legally viable under EU procurement regulations. As such, the re-procurement process will have to be completed and new services ready to go live by 1st October 2016.

Within the timescales required for procurement and implementation of new services (by the 1<sup>st</sup> October 2016) there is not sufficient time to undertake a full needs assessment and engagement and consultation, in order to identify the most suitable model for future services provision.

However it has been identified that the investment and support currently available is disproportionately allocated across North Yorkshire. In-house mental health supported housing services do cover some gaps in provision across the county, providing both floating and accommodation based mental health support in areas where contracted provision is not available. However, there is still no accommodation based support being delivered in Selby or Ryedale, and no floating support service offered in Craven.

In addition services none of the accommodation-based services are typical accommodation-based mental health supported housing, as this is usually defined as designated properties with staff on-site- none of the current services provide this.

By re-procuring the services based on current services across the county there will be minimal impact on current service users. Following this procurement exercise a full system review of mental health and substance misuse supported housing will be undertaken, which will take into account both contracted and in-house service provision. The full system review will inform future commissioning models for both mental health and substance misuse supported housing based on population need.

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

It is intended that a procurement process will be undertaken to award 10 contracts for mental health and substance misuse supported housing provision across the county. The mental health supported housing contracts will be either defined as support in designated properties (previously defined as accommodation-based) or support in peoples own homes (previously defined as floating support).

The contract lots will be as follows:

- Craven mental health supported housing- designated properties (2 lots)
- Hambleton mental health supported housing- designated properties
- Richmondshire mental health supported housing- designated properties
- Hambleton and Richmondshire mental health supported housing- support in peoples own homes
- Ryedale mental health supported housing- support in peoples own homes
- Scarborough mental health supported housing- designated properties
- Scarborough mental health supported housing- support in peoples own homes
- Selby mental health supported housing- support in people's own homes
- Harrogate substance misuse supported housing

The services procured will be based on current provision and new contracts will be in place by 1<sup>st</sup> October 2016.

Following the procurement process there may be different support providers delivering contracts. In addition, some referral and assessment processes may change. However there will be no changes to the types and levels of support received by people.

The procurement offers the opportunity to review consideration of protected characteristics with providers across the different North Yorkshire districts. It is also intended that improved performance and contract monitoring arrangements will be established following award of new contracts.

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 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.<sup>1</sup> Therefore there is a need, particularly in the Richmondshire area for the support available to this group to be addressed by providers.

Areas with high levels of deprivation tend to have higher levels of mental illness<sup>2</sup> and substance misuse<sup>3</sup>. 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.<sup>4</sup>

---

<sup>1</sup> North Yorkshire Mental Health Strategy 2015-2010, 'Hope, Control and Choice.' (2015). Available from <http://www.nypartnerships.org.uk/mentalhealthstrategy>

<sup>2</sup> Indian Journal of Medical Research (2007) Available from: <http://medind.nic.in/iby/t07/i10/ibyt07i10p273.pdf>

<sup>3</sup> Gov.UK website (date unknown). Drug misuse: findings from the 2013/14 crime survey for England and Wales. Available from: <https://www.gov.uk/government/publications/drug-misuse-findings-from-the-2013-to-2014-csew/drug-misuse-findings-from-the-201314-crime-survey-for-england-and-wales>

<sup>4</sup> North Yorkshire Joint Strategic Needs Assessment 2014/15 annual update (2015). Available from <http://www.nypartnerships.org.uk/index.aspx?articleid=26753>

**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.

However a review of current provision has taken place during November to January 2016.

The Health and Adults Services Commissioning Team have met with all mental health supported housing providers to review what current service delivery and operating models. It is known from anecdotal information that some people accessing mental health supported housing services also have substance misuse issues, although the numbers of these have not been quantified.

An evaluation of the substance misuse supported housing service was due to take place towards the end of 2015, however this had to be delayed due to unexpected and unavoidable changes to the provider service management arrangements. There is evidence to indicate that housing support for people with substance misuse issues is a need across all North Yorkshire localities.

Multi-agency steering group meetings held to monitor the substance misuse service delivery have indicated that the service has been delivered utilising maximum capacity, with no issues regarding service delivery identified at the last meeting held in September 2015.

Although the intention is that procurement of services will be based on current provision, there will be opportunities to improve quality assurance and outcomes monitoring for all services as part of this process.

**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 impact will be cost neutral, as there will be no change to the Council's investment in 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.<sup>5</sup></p> <p>By 2020 13,339 people aged over 65 in North Yorkshire are expected to have depression, rising to 16,447 by 2030. Of these 4,244 are expected to be severely depressed by 2020, rising to 5,419 by 2030.<sup>6</sup></p> <p>The age of people accessing drug treatment services in the UK is increasing, with less people under the age of 30 starting treatment than previously<sup>7</sup>.</p>

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

<sup>6</sup> Protecting Older People Population Information (date unknown). Available from <http://www.poppi.org.uk/>

<sup>7</sup> Public Health England (2013). Drug treatment in England 2012-13. Available from: <http://www.nta.nhs.uk/uploads/adultstats2012-13.pdf>

				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.
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.<sup>8</sup></p> <p>Long term substance misuse (both drugs and alcohol misuse) can cause or aggravate a range of physical health problems and long-term conditions.</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> <p>The implementation of new contracts allows the opportunity to review individual providers' practice with regards to this protected characteristic, as part of service implementation.</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.<sup>9</sup> 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.<sup>10</sup></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.<sup>11</sup></p>

<sup>8</sup> North Yorkshire Joint Strategic Needs Assessment 2014/15 annual update (2015). Available from <http://www.nypartnerships.org.uk/index.aspx?articleid=26753>

<sup>9</sup> The Guardian (2015) Available from: <http://www.theguardian.com/society/2015/nov/02/men-account-for-76-of-suicides-in-2014-says-charity>

<sup>10</sup> The Guardian (2015) Available from: <http://www.theguardian.com/society/2015/feb/19/number-of-suicides-uk-increases-2013-male-rate-highest-2001>

<sup>11</sup> Projecting Adult Needs and Service Information (date unknown). Available from <http://www.pansi.org.uk/>

			<p>Evidence suggests that women drug misusers may often have more complex issues and different support needs to that of men<sup>12</sup>. The Corston report<sup>13</sup> provides recommendations for working with women in the criminal justice system, including supporting local women's centres</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> <p>The implementation of new contracts allows the opportunity to review gender specific support as part of service implementation with providers</p>
Race	X		<p>In 2011 4.6% of North Yorkshire were from a non-white British ethnic group<sup>14</sup> 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.<sup>15</sup></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>

<sup>12</sup> Women in drug treatment: What the latest figures reveal, NTA (2010)

<sup>13</sup> The Corston Report, Home Office (2007).

<sup>14</sup> 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)

<sup>15</sup> 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.<sup>16</sup> 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"> <li>• More likely to be diagnosed with mental health problems</li> <li>• More likely to be diagnosed and admitted to hospital</li> <li>• More likely to experience a poor outcome from treatment</li> <li>• More likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health.<sup>17</sup></li> </ul> <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 contacts 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 alcohol and substance misuse, suicide and self-harm<sup>18</sup></p>

<sup>16</sup> 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)

<sup>17</sup>Mental Health Foundation (2015). Available from: <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

<sup>18</sup> 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](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf)

				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.
Sexual orientation	X			<p>People who are lesbian, gay and bisexual all have a higher risk of mental health problems and of self-harm<sup>19</sup></p> <p>National data shows that drug misuse is higher in LGBT groups than in heterosexuals, and suggests that LGBT groups may be early adopters of new drugs or patterns of drug use<sup>20</sup>.</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>
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% Muslim<sup>21</sup></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>

<sup>19</sup> 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](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf)

<sup>20</sup> Drugs & Diversity: LGBT groups (policy briefing), UK Drug Policy Commission (2010)

<sup>21</sup> 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)

Pregnancy or maternity	X			<p>Postnatal depression affects 13% of women following childbirth<sup>22</sup> In North Yorkshire postnatal depression support is available through health visitors and some local support groups.</p> <p>Pregnant women who misuse substances (drugs or alcohol) require specialist support. NICE guidance gc110 provides clinical guidelines for healthcare professionals working with pregnant women who have drug or alcohol misuse issues<sup>23</sup>.</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			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

<b>Section 7. How will this proposal affect people who...</b>	<b>No impact</b>	<b>Make things better</b>	<b>Make things worse</b>	<b>Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.</b>
..live in a rural area?	x			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). <sup>24</sup>

<sup>22</sup> 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>

<sup>23</sup> National Institute for Health and Care Excellence (2010). Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors. Available from: <https://www.nice.org.uk/guidance/cg110/resources/pregnancy-and-complex-social-factors-a-model-for-service-provision-for-pregnant-women-with-complex-social-factors-35109382718149>

<sup>24</sup> North Yorkshire Mental Health Strategy 2015-2010, ‘Hope, Control and Choice.’ (2015). Available from <http://www.nypartnerships.org.uk/mentalhealthstrategy>

				<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.<sup>25</sup></p> <p>There are currently concerns from the Council and a number of organisations nationally regarding the impact of the local housing benefit cap, which will affect any tenancies starting from April 2016, but will not come into force until 2018. This may leave vulnerable people with low incomes accessing supported accommodation –including those with mental health and substance misuse issues– at risk of being unable to afford their housing rent and other charges<sup>26</sup>. The Council’s Health and Adult Services directorate is currently reviewing the potential impact of these changes to North Yorkshire residents.</p> <p>There is not anticipated to be any impact upon this protected characteristic from this procurement, as there are no significant changes planned to the services that will be delivered</p>

**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

<sup>25</sup> North Yorkshire Mental Health Strategy 2015-2010, ‘Hope, Control and Choice.’ (2015). Available from <http://www.nypartnerships.org.uk/mentalhealthstrategy>

<sup>26</sup> Politics Home (2015). Available from: <https://www.politicshome.com/document/press-release/homeless-link/housing-benefit-caps-must-not-leave-vulnerable-risk>

--

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. <b>No adverse impact - no major change needed to the proposal.</b> There is no potential for discrimination or adverse impact identified.	✓
2. <b>Adverse impact - adjust the proposal</b> - 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. <b>Adverse impact - continue the proposal</b> - 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. <b>Actual or potential unlawful discrimination - stop and remove the proposal –</b> The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
<p><b>Explanation of why option has been chosen.</b> (Include any advice given by Legal Services.)</p> <p>As the mental health and substance misuse supported housing services are to be tendered based on current provision, it is anticipated that there will be limited impact upon protected characteristics from these changes</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?)
--

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, 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 ensure that the successful providers deliver services in a way that maximises successful outcomes for all groups	KA/CT/VM	22/03/16	Service specifications currently being finalised	Through project steering group
Dialogue with providers on how they will address risk of negative impact 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 agreed with providers upon contract award	Through project steering group/service implementation meetings
The Commissioning team will explore with providers obtaining data on need where gaps have been identified	KA/CT/VM	1/04/2017	Arrangements for this will 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.

As the mental health and substance misuse supported housing services are to be tendered based on current provision, it is anticipated that there will be limited impact upon protected characteristics from these changes. Potential impact from changes to service providers to service delivery and service users will be managed through utilisation of a robust project plan, the service specifications and tender documentation, and the service implementation period with providers.

Providers bidding to deliver contracts will be asked to demonstrate how they will address specific needs of the different North Yorkshire district populations

Although there are a number of protected characteristics which are known to affect outcomes for people using these services, there is limited intelligence currently on how this may affect local people requiring services. The HAS Commissioning team will work with providers to access further intelligence regarding this upon contracts award.

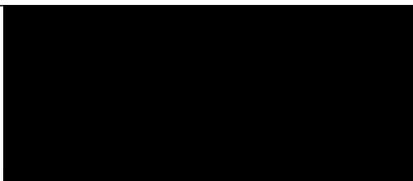
**Section 13. Sign off section**

This full EIA was completed by:

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

**Completion date: 14.3.2016**

Authorised by relevant Assistant Director:



Kathy Clark

Date: 17.3.2016