

# HASEX: Community support mental health contracts review

<b>Date: 2nd March 2018</b>	<b>Service Area: Commissioning</b>
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<b>1.0</b>	<b>Executive Summary</b>
1.1	<p>This purpose of this report is provide background to the key decision being taken to approve the proposed future commissioning approach for delivery of mental health community support.</p> <p>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.</p> <p>Most of these contracts have been in place 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 in place by the 1st October 2018, when the current contracts are due to end.</p> <p>The review work to date has informed the development proposals for future investment into voluntary and community sector organisations to deliver mental health support on its' behalf. The Council remains committed to supporting community-based mental health support in North Yorkshire, and is proposing the continued investment of up to £240, 000 per annum (final budget TBC and dependent on confirmation of Clinical Commissioning Group [CCG] contributions) to be allocated for mental health preventative support. There are no plans for savings to be made from the current investment.</p>

	A consultation took place on the future investment proposals from the 22 <sup>nd</sup> January to the 19 <sup>th</sup> February 2018. The consultation feedback is currently being reviewed to finalise the future commissioning plans and procurement documentation for the procurement planned to be launched in early April.	
1.2	The Key Decision was entered onto the Council's Forward Plan on the 22 <sup>nd</sup> December 2017. A Gateway One report will be presented to Health and Adult Services Leadership team on the 14 <sup>th</sup> March 2018.	
<b>2.0</b>	<b>Recommendations</b>	
2.1	That HASEX members approve the proposed future commissioning approach for delivery of mental health community support.  A Gateway One report will be taken to HASLT on the 14 <sup>th</sup> March 2018 which will outline finalised plans for the re-commissioning of support.	
<b>3.0</b>	<b>Is This Paper To Be Presented To EXEC Members? (Yes/No)</b>	Yes
<b>4.0</b>	<b>What Type Of Report Is This?</b>	<b>Yes/No</b>
	Information Item	Yes
	Decision	Yes

<b>5.0</b>	<b>Report Details</b>
5.1	<p><b>Introduction and background</b></p> <p>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.</p> <p>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.</p>

	<p>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.</p> <p>The community support contracts provide a range of different types of support, including:</p> <ul style="list-style-type: none"> <li>• Mental health resource centres/hubs</li> <li>• Social inclusion support/social activities</li> <li>• Peer support</li> <li>• A mental health sheltered workshop</li> </ul> <p>Local Clinical Commissioning Groups (CCG's) currently contribute £40,652 per annum towards delivery of these contracts.</p> <p>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.</p> <p>An engagement exercise as part of the Health and Adult Services Social Care Mental Health Review has informed the development of proposals for how voluntary and community sector organisations will be commissioned to deliver mental health support on behalf of the Council in the future. These proposals were consulted on from the 22<sup>nd</sup> January to the 19<sup>th</sup> February 2018.</p>
5.2	<p><b>Future investment approach</b></p> <p>The proposed future investment approach has been based on a range of information, including the review engagement feedback, and is outlined as follows:</p>
5.2.1	<p><b>Adults mental health prevention offer</b></p>

A clear message from the mental health engagement exercise was that people felt there was a need for a mental health prevention offer across North Yorkshire, to help people to avoid developing mental health issues and prevent the escalation of need in those who have existing mental health issues.

Hence it is proposed that future investment in third sector mental health will be used to support delivery of adults mental health prevention support across the County.

This is in line with the Council's commitments made in our mental health strategy and with current national policy on mental health.

### 5.2.2

#### **Mental health 'hub and spoke' delivery model**

Based on the feedback received from people through engagement, it is proposed that the available funding be used to invest in delivery of local mental health 'hubs' or 'centres' across North Yorkshire.

These would act as a point of contact for local people to be able to access information and advice on mental health issues, provide brief interventions on practical support (e.g. around benefits support and support on training and employment) and also support social inclusion and provide 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 engagement exercise people described 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.

The key areas which would be supported through delivery of the hub and spoke model are as follows:

- Information, advice and signposting
- Practical support brief interventions (for example around benefits, employment/training or housing)
- Support with self care and life skills
- Social and peer support



*Figure 1: Mental health hub and spoke functions*

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

### 5.2.3

#### **Investing in the future prevention offer**

The Council remains committed to supporting community-based mental health support in North Yorkshire, and is proposing the continued

investment of up to £240,000 per annum (final budget TBC and dependent on confirmation of Clinical Commissioning Group [CCG] contributions) to be allocated for mental health preventative support. There are no plans for savings to be made from the current investment.

Three of the existing contracts are dedicated to supporting those with severe and enduring mental health conditions in the Harrogate district. The investment used for these services has been ring-fenced to ensure that specialist local support remains available for people with severe and enduring mental health conditions.

Where current contracts are not a natural fit with the proposed future preventative model Health and Adult Services will be exploring alternative options for people who currently access these services may be supported in the future using a person-centred approach. This will include looking at individual support plans and options around personal budgets. Health and Adult Services already provides some additional funds to voluntary and community sector organisations to support people with severe and enduring mental health conditions as part of spot-purchasing (individual service contract) arrangements, and there are no planned changes to this investment at this time.

In addition, it is proposed that the County-wide out of hours mental health support line service jointly funded by Health and Adult Services and CCG's be re-procured for an additional period of time in order to allow for further time to review the need for out of hours support, which is to include consideration of ongoing developments around crisis support.

The available investment for the prevention offer is acknowledged as being challenging for delivery of all elements of the proposed approach. Initial analysis of the consultation feedback indicates strong support for the approach described but some concerns about how much support may be deliverable within the budget available.

However it is known that there are a range of other existing mental health and wellbeing community support assets within local communities which also contribute towards promoting good mental health and wellbeing, and preventing mental health problems. It is proposed that the investment into community mental health prevention should be used to complement and support partnership working with existing local community assets and resources. There is evidence from the existing community support mental health contracts of some organisations already working to this type of approach.

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 formula takes account of:

- Age profiles
- BME
- Rurality indicators
- Prevalence of common mental illness
- New cases of psychosis rate per 100,000
- Employment Support allowance claimants for mental disorders
- Homelessness
- Deprivation indices
- Long term unemployment

This would result in the proportions allocated to be as follows (please note that the current Harrogate % investment stated here is lower than the 60% previously stated as this does not include investment from those contracts which do not fit with the preventative model):

District/Borough Council area	New allocation	Current allocation
Craven	9.2%	0%
Hambleton	13.1%	16.7%
Harrogate	22.5%	40.2%
Richmondshire	8.6%	16.7%
Ryedale	8.3%	9.1%
Scarborough	24.6%	17.2%
Selby	13.5%	0%
Total=	100.0%	100%

## 6.0 Significant Risks And Mitigation

6.1 It is identified that the majority of the currently contracted community support mental health organisations are local small voluntary sector organisations, and many are inexperienced in tendering for contracts, with some of these highly reliant on Health and Adult Services funding. Hence there are potential risks to organisational sustainability of some

	<p>organisations if they were unsuccessful in continuing to receive funds as a result of the pending procurement.</p> <p>As part of service reviews discussions have been held with all currently contracted organisations about pending re-procurement of services, and organisations have been signposted to support for organisational development. There are also plans for Community First Yorkshire to jointly deliver with NYCC a ‘tender ready’ workshop for the voluntary sector in March 2018.</p>
6.2	<p>There is a risk that if future commissioned mental health prevention delivery is not be suitably aligned with Health and Adult Services operational (in-house) mental health support, then there may be duplication in functions and resources used.</p> <p>Development of preventative support within is also key to development of the operational social care mental health offer. As both elements of review work have been integrated, there is ongoing close joint working between commissioning and mental health operational staff to ensure development of a single overall model. The review working group chaired by the Commissioning Team includes membership from mental health operational staff.</p>
6.3	<p>Many existing contracts have been in place for several years with organisations that are highly valued and respected by local stakeholders and the public. Hence there are potential risks of political or public interest in the event that any of these are unsuccessful in receiving funds for future delivery as a result of the procurement.</p> <p>As part of the review planning, a detailed communications plan has been developed and will be regularly reviewed by the project working group. Regular updates on the review will also be posted in member’s news.</p>
<b>7.0</b>	<b>Policy</b>
7.1	<p>The Social Care Mental review supports the outcomes in the North Yorkshire Mental Health Strategy 2015-2020 ‘Hope, Control and Choice’</p> <p>It is also part of the HAS 2020 Independence With Support When I Need It programme.</p>



<b>8.0</b>	<b>Consultation</b>
8.1	<p>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.</p> <p>A copy of the review engagement report is available from:  <a href="http://www.nypartnerships.org.uk/mentalhealthreview">http://www.nypartnerships.org.uk/mentalhealthreview</a></p> <p>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 from the 22nd January –19th February 2018.</p> <p>As part of the consultation a stakeholder event was held on the 5<sup>th</sup> February at the Forum in Northallerton to hear people’s views on the proposals. The event was attended by a range of stakeholders, including people with lived experience of mental health issues and family members and carers of those with mental health issues, Health and Adult Services and Mental Health Trust staff, and voluntary and community sector mental health and wellbeing support organisations. The event was attended by approximately 50 people.</p> <p>In addition to the stakeholder event, people were able to respond to the consultation by completing either an online or paper-based survey, or emailing feedback to the commissioning team.</p> <p>24 respondents completed the survey and a further 12 responses were received either through the feedback forms or by email.</p> <p>A report summarising key findings from the consultation will be published on the review webpage in March 2018.</p>
<b>9.0</b>	<b>Implications</b>
9.1	<u>Resource And Finance Implications/Benefits</u>

	There are no budget savings planned to be delivered through the review.
9.2	<u>Human Resources</u> N/A
9.3	<u>Performance</u> A framework for measuring service outcomes will be developed prior to commencement of procurement.
9.4	<u>Legal</u> Legal advice will be sought as required throughout the procurement process.
9.5	<u>Impact On Other Services/Organisations</u>  There is potential for any changes to local voluntary and community sector commissioned provision to impact on demand for other local services.  Where there is any future increase in local mental health preventative support resource for North Yorkshire localities there could be the potential for demand for other services to reduce. However detailed implementation and transitional planning will be undertaken to mitigate against any risks of increased demand for support as a result of changes.
9.6	<u>Equalities Implications</u>  A draft Equality Impact Assessment (EIA) has been completed and is included as an appendix with this report. The EIA will be finalised prior to commencement of the procurement.
9.7	<u>Environmental Impacts/Benefits</u> N/A
9.8	<u>Community Safety Implications</u> N/A
<b>10</b>	<b>Next Steps:</b>
10.1	Following confirmation of approval of the key decision to support the new proposed commissioning approach the plans for this will be refined in light of the consultation feedback received.

A Gateway One report will be taken to HASLT on the 14<sup>th</sup> March 2018 and tender documentation will be completed in preparation for the procurement due to launch at the start of April.

10.2 **Key milestones for the review procurement stage are as follows:**

<b>Activity</b>	<b>Dates</b>
Gateway One report presented to HASLT	14/03/2018
Consolidation of consultation findings, and specification and ITT development	Feb-March 2018
ITT launch	April 2018
Evaluation	May-June 2018
Contracts award	July 2018
Implementation of new arrangements for delivery of support	To be completed by 1 <sup>st</sup> October 2018

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

(Form updated May 2015)

**Community support mental health contracts review-*DRAFT***

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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
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Lead Officer and contact details	<p>Caroline Townsend, Commissioning Manager</p> <p><a href="mailto:Caroline.townsend@northyorks.gov.uk">Caroline.townsend@northyorks.gov.uk</a></p> <p>Phone: 01609 535491</p>
Names and roles of other people involved in carrying out the EIA	N/A
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 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.

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 (CCG's) 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 invest in delivery of support through local mental health 'hubs' or 'centres' across North Yorkshire.

These would act as a point of contact for local people to be able to access information and advice on mental health issues, provide brief interventions on practical support (e.g. around benefits support and support on training and employment) and also support social inclusion and provide 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- within the Scarborough Borough Council and Ryedale and Harrogate District Council areas. 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.

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 will 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 is currently 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 support that can be provided if not all currently committed funding continues to be made available.

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.

**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 5<sup>th</sup> 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.

**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.<sup>1</sup></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% anxiety<sup>2</sup></p>

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

<sup>2</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>

				The intention is that the future commissioning approach will support all adults aged 18 years and over. It is not anticipated that there will be any adverse impact on this protected characteristic, although the implementation of new arrangements for investment presents an opportunity to review the offer for older people with mental health issues.
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>3</sup></p> <p>People with a learning disability are at higher risk of poor mental health.<sup>4</sup></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 how support for people with disabilities is addressed within support delivery; including identification as part of assessment and signposting to relevant support.</p>
Sex (Gender)	X			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

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

<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>

				<p>their own lives.<sup>5</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>6</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>7</sup></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>
Race	X			<p>In 2011 4.6% of North Yorkshire were from a non-white British ethnic group<sup>8</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</p>

<sup>5</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>6</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>7</sup> Projecting Adult Needs and Service Information (date unknown). Available from <http://www.pansi.org.uk/>

<sup>8</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)



			<p>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>9</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> <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>10</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> </ul>
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<sup>9</sup> North Yorkshire Joint Strategic Needs Assessment 2014/15 annual update (2015). Available from <http://www.nypartnerships.org.uk/index.aspx?articleid=26753>

<sup>10</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)

				<ul style="list-style-type: none"> <li>• More likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health.<sup>11</sup></li> </ul> <p>It is not anticipated that there will be any adverse impact on this protected characteristic.</p>
Gender reassignment	X			<p>People who identify with this protected characteristic are at increased risk of suicide and self-harm<sup>12</sup></p> <p>It is not anticipated that there will be any adverse impact on this protected characteristic.</p>
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>13</sup></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</p>

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

<sup>12</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>13</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)

				support allows the opportunity to review individual providers' practice for people's sexual orientation as part of service implementation.
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</p> <p>Craven: 0.9% Muslim</p> <p>Scarborough: 0.5 % Muslim</p> <p>Harrogate: 0.4% Muslim<sup>14</sup></p> <p>It is not anticipated that there will be any adverse impact on this protected characteristic.</p>

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<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)

Pregnancy or maternity	X			<p>Postnatal depression affects 13% of women following childbirth<sup>15</sup> In North Yorkshire postnatal depression support is available through health visitors and some local support groups.</p> <p>It is not anticipated that there will be any adverse impact on this protected characteristic.</p>
Marriage or civil partnership	X			<p>It is not anticipated that there will be any adverse impact on this protected characteristic.</p>

<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>

<sup>15</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>

..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).<sup>16</sup></p> <p>There is a clear link between loneliness and poor mental and physical health<sup>17</sup></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.<sup>18</sup></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-</p>

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

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

<sup>18</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>

			<p>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.<sup>19</sup></p> <p>Areas with high levels of deprivation tend to have higher levels of mental illness<sup>20</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>21</sup>.</p> <p>There may be the potential for positive impact on this protected characteristic, as a key focus of the future model will be to support access to welfare and benefits advice.</p>
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<sup>19</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>20</sup> Indian Journal of Medical Research (2007) Available from: <http://medind.nic.in/iby/t07/i10/ibyt07i10p273.pdf>

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

**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.**

None identified.

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)	

<p><b>4. Actual or potential unlawful discrimination - stop and remove the proposal</b> – The EIA identifies actual or potential unlawful discrimination. It must be stopped.</p>	
<p><b>Explanation of why option has been chosen.</b> (Include any advice given by Legal Services.)</p> <p>There is no evidence to suggest that any particular groups will be 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><b>Section 10. If the proposal is to be implemented how will you find out how it is really affecting people?</b> (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>
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**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 specification to support delivery of services that maximises successful outcomes for all groups	Caroline Townsend-Commissioning Manager, HAS /Victoria Marshall-Commissioning Officer, HAS	1 <sup>st</sup> April 2018	Service specification currently in development	Through project working group

<p>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).</p>	<p>Caroline Townsend-Commissioning Manager, HAS /Victoria Marshall-Commissioning Officer, HAS</p>	<p>Following contracts award June – Oct 2016</p>	<p>Tender documentation being finalised</p>	<p>Through project working group/service implementation meetings</p>
<p>Regular service delivery and performance monitoring of contracts with providers</p>	<p>Caroline Townsend-Commissioning Manager, HAS /Quality and Monitoring, HAS</p>	<p>Following service implementation date 1/10/18</p>	<p>Arrangements for this will agreed with providers upon contract award</p>	<p>Through project steering group/service implementation meetings</p>
<p>The Commissioning team will explore with providers on obtaining data on specific</p>	<p>Caroline Townsend-Commissioning Manager, HAS</p>	<p>To be negotiated with new providers once contracts</p>	<p>Arrangements for this will agreed with</p>	<p>Through project steering group/service implementation meetings</p>

needs of protected characteristics upon contract award	/Victoria Marshall-Commissioning Officer, HAS	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.

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 adverse impacts identified for protected characteristics, but as part of the implementation of new contracts arrangements will be established to ensure the needs of 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**

**Job title: Commissioning Manager**

**Directorate: Health and Adult Services**

**Signature:**

**Completion date: 21<sup>st</sup> February 2018 (draft)**

**Authorised by: (final version to be signed off by Kathy Clark- Assistant Director, Commissioning)**

**Date:**

