

Combined Impact Assessment



**Bath and
North East Somerset
Clinical Commissioning Group**

Project Name	Mental Health - Community Services Review
Work Programme	Mental Health
Project Manager/Officer	Sue Blackman
Impact Assessor(s)	Sue Blackman, Alison Eniver, Neil Manson
Senior Responsible Officer	Carolyn Holmes for Jane Shayler
Clinical Lead	Dr. Daisy Curling
Analytics Lead	n/a
Finance Lead	Becki Paillin
Quality Lead	Val Janson
Performance Lead	Jo Gallaway
Communications Lead	Tamsin May
Date of completion	19th February 2019
Date for review	1st April 2019

Approval and Publication	
Director/Nominated Senior Officer	
Date	

Guidance

The Combined Impact Assessment provides a framework to ensure that Quality, Privacy and Equality Impact Assessments are clearly defined and embedded in commissioning activities. The tool tests the impact of a proposed change to policy/service provision. Impact should be tested through narrative account, evidence-based measurement and risk assessment. It is advised that when completing the tool for the first time, to contact a member of the Quality Team or the Director of Nursing. Completion of the Privacy Impact Assessment is also facilitated by the Information Governance Team. The assessments should be started at the beginning of a project to assess potential implications and then monitored throughout the project at agreed milestones to assess for any changes. The assessments should be carried out by the Project Manager in consultation with other members of the project team and stakeholders in the project.

Project Description

What is the purpose of the service/policy change?	Bath and North East Somerset Council and BaNES CCG are leading a review of our Community Mental Health services, with the support of Virgin Care, in its capacity as Prime Provider of community services (both physical and mental health). The Review is a bold step towards improving the mental health and wellbeing of people living and working in Bath and North East Somerset (B&NES). The Review builds on the work started by Your Care Your Way, which looked at community services as a whole and concluded in April 2017. During that project it became clear that the complexity of mental health services and their importance to everyone in B&NES meant that a more detailed, dedicated review was needed.
How will the service/policy be delivered?	The Review is being led by the CCG and the Council, with assistance from Virgin Care as Prime Provider for some contracts and services within Mental Health. (Virgin Care were appointed as Prime Provider for these contracts and services as a consequence of Your Care, Your Way.) The review is being supported by Avon and Wiltshire Mental Health Partnership NHS Trust, whose contracts for the provision of NHS community mental health services remained in place following Your Care, Your Way, pending the outcome of this Review process. A broad selection of third sector providers (e.g. Bath Mind) are also actively supporting the Review, through ongoing engagement and co-production.
Who has responsibility for delivery?	The responsibility for delivering the Review sits with the CCG and the Council, with support from Virgin Care.
What are the intended outcomes?	The intended outcomes are that the CCG and Council are able to commission a holistic range of health and care services which are better joined up, have a more preventative focus and which work better with the whole person, their family, friends and supporters than those currently in place.
Is this a new service/policy or a review?	The scope of the review incorporates all mental health community services, including those provided in people's homes and in local care settings. This includes everything from the community groups which meet across B&NES for mutual support and activity, to the specialist services and support available during a period of crisis. The two main areas not covered in this review are dementia related services, and the specialist Children's and Adolescents' Mental Health Services (CAMHS), although the transitions between these services and adults' mental health community services are an important part of the review.

Is this part of a national requirement?	The Review is not part of a nationally mandated process.
Do the aims link or conflict with other CCG or Council strategic objectives or policies?	<p>The aims of the Review are entirely complementary to the CCG and the Councils objective and policies, including:</p> <ul style="list-style-type: none"> • Improving quality, safety and individuals experience of care • Improving consistency of care and reducing variation of outcomes • Providing proactive care to help people with complex care needs • Creating a sustainable health system within a wider health and social care partnership • Empowering and encouraging people to take personal responsibility for their health and wellbeing • Reducing inequalities and social exclusions and supporting our most vulnerable groups • Improving the mental health and wellbeing of our population
Are there interdependencies / links to other projects?	There are links and interdependencies with the BaNES, Swindon and Wiltshire STP Mental Health Transformation Programme and the Avon and Wiltshire Mental Health Partnership NHS Trust Transformation Programme.

Version Control					
Name	Version Number	Author / Reviewer	Action	Date	Notes
MH Review Combined Impact Assessment	1.1	Neil Manson	1st Draft	19.02.2019	Updated from Impact Assessment, April 2018.

Quality Impact Assessment (QIA)

The Quality Impact Assessment (QIA) involves an initial assessment (stage 1) to quantify potential impacts (positive, negative or neutral) on quality from any proposal to change the way services are commissioned and/or delivered. Where potential negative impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score.

Quality is described in 8 areas, each of which must be assessed at stage 1. Where a potentially negative risk score is identified and is greater than (>) 8 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 8 must go on to a detailed assessment at stage 2.

Engagement Information	
What engagement or consultation has been undertaken and with whom?	All phases of the Review have included ongoing engagement with local people and professionals - for detail, see below:
What were the results?	Prior to the consultation phase: * There have been more than 20 engagement events, * 8 community champions have input to the Review * There have been more than 300 face to face conversations, * We have engaged with a total of approximately 400 members of the public and 200 professionals, * Pro-active outreach was delivered to engage seldom heard groups, including young people, carers and people who are homeless.
Is a future consultation for this service/policy being planned?	A public consultation exercise has recently concluded.
How will quality considerations be included within the future consultation?	This Combined Impact Assessment is to be appended to the Mental Health Review Full Business Case.

Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations (stage 1). If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Where an adverse impact score greater than (>) 8 is identified in any area this will result in the need to then undertake a more detailed Quality Impact Assessment (stage 2).

Overall assessment of Impact														
Quality Domains <i>(See prompts below)</i>		Initial assessment (Stage 1)				Complete only if full assessment required (score greater than 8) (Stage 2)								
		Positive, Negative or Neutral (N/A)?	Evidence of decision <small>(Record your reasons for arriving at that conclusion in this column). If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score.</small>		Only if negative impact identified:			Full assessment required? <small>(Score greater than 8)</small>	What is the current level of quality?	How does the change work to improve or secure quality in this area?	How does the change work to reduce or jeopardise quality in this area?	How will ongoing monitoring of quality be conducted?	Has a risk been identified?	Add to risk register?
			Impact	Likelihood	Score									
Duty of Quality	Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	P	The introduction of the Thrive model of care, the Think Family approach and the adoption of the Collaborative Framework across all provider organisations will impact positively on partnership working, information sharing, safeguarding arrangements and the duty to promote equality.			0	No					No	No	
Patient Experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care?	P	It is anticipated that the new service model, focussing on improved access to information regarding availability of support services, the development of simplified pathways, and improved personal care planning will impact positively across the breadth of the patient experience.			0	No					No	No	
Patient Safety	Could the proposal impact positively or negatively on any of the following - safety, systems in place to safeguard patients to prevent harm, including infections?	P	The Thrive model of care, the Think Family approach, the Integrated Care Record and the adoption of the Collaborative Framework across all provider organisations will impact positively on partnership working, information sharing, safeguarding arrangements and general patient safety concerns.			0	No					No	No	
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards?	P	There is a well-developed evidence base in support of the Think Family approach and a growing evidence base in support of the more recently developed Thrive model. It is anticipated that the widespread enthusiasm for the Collaborative Framework will support more engaged local clinical leadership.			0	No					No	No	
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health inequality?	P	The Thrive model of care aims to ensure that people can get all the help and support that they need in order to maintain their own mental health and wellbeing.			0	No					No	No	
Productivity and Innovation	Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	P	The focus on improved collaborative working, signposting, information sharing and simplification of pathways is intended to support a system-wide improvement in terms of productivity and efficiency.			0	No					No	No	
Vacancy Impact	Could the proposal impact positively or negatively as a result of staffing posts lost?	N	Any system-wide change carries a potential risk in terms of uncertainty around roles and the impact of change. However, as the Review moves forward into the implementation phase it is anticipated that this risk will reduce. The service model is not predicated on any reduction on staff.	3	2	6	No					No	No	

Overall assessment of Impact														
Quality Domains <i>(See prompts below)</i>		Initial assessment (Stage 1)				Complete only if full assessment required (score greater than 8) (Stage 2)								
		Positive, Negative or Neutral (N/A)?	Evidence of decision <small>(Record your reasons for arriving at that conclusion in this column). If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score.</small>		Only if negative impact identified:			Full assessment required? <small>(Score greater than 8)</small>	What is the current level of quality?	How does the change work to improve or secure quality in this area?	How does the change work to reduce or jeopardise quality in this area?	How will ongoing monitoring of quality be conducted?	Has a risk been identified?	Add to risk register?
			Impact	Likelihood	Score									
Resource Impact	Could this proposal impact positively or negatively with regard to estates, IT resource, community equipment service or other agencies or providers e.g. Social care/voluntary sector/District nursing	N	The Review should have a positive impact with regard to the opportunities for shared use of space, shared training, the introduction of the Integrated Care Record, etc. However there are dependencies on related workstreams, e.g. AWP Estates Transformation Plan, Virgin Care roll out of Care Coordination and the Integrated Care Record, where additional certainty would further mitigate risks. It should be acknowledged that these would be system wide risks and dependencies regardless of whether the review was being undertaken, given their centrality to the delivery of mental health and care services in B&NES.	4	2	8	No					No	No	

Equality Impact Assessment (EIA)

Guidance

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality impact Assessments (EIAs) can be carried out in relation to service delivery as well as employment policies and strategies. This tool has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis on a policy, service or function. It is intended that this is used as a working document throughout the process, with a final version including the action plan section being published on the Council's and NHS Bath and North East Somerset's websites. On completion, please return this to the Quality Lead for your project.

Potential sources of evidence

Demographic data and other statistics, national and local research findings, consultation and engagement, information from relevant groups e.g. trades union or community organisations, complaints and compliments, external inspections and audits.

Profiles and Engagement Information

<p>What is the equalities profile of the team delivering the service/policy?</p>	<p>This information is not currently requested from all services. Following the conclusion of the Review, a breakdown will be requested as part of new service arrangements and reviewed on an annual basis.</p>
<p>What equalities training have staff received?</p>	<p>Details of compliance with mandatory training is requested at organisation, rather than service level. This will continue to be monitored and reviewed as part of the new service arrangements.</p>
<p>What is the equalities profile of patients?</p>	<p>Key information about the local population is as below:</p> <p>Census 2011 showed resident population to be 179,900 whilst the registered population is almost 20,000 higher.</p> <ul style="list-style-type: none"> • Working age population is approximately 50% of B&NES • 20% of population is over 65, this proportion is increasing with time. • Population structure is similar to England but much larger % of 20-24 yr olds. • The Office of National Statistics (ONS) projects that the population of B&NES will increase to 198,800, by 2026. This increase is expected to be mainly in the older age groups; in particular the 80+ population is projected to increase by 40% from 9,900 in 2010 to 13,900 in 2026. <p>Gender;</p> <ul style="list-style-type: none"> • The gender profile remains largely consistent compared to previous years, with a 49%/51% male/female split. <p>Age;</p> <ul style="list-style-type: none"> • The age profile is also largely consistent with the UK as a whole, except for the 20-24 age range which is higher than average and represents the significant student population in the area. • The population increase – as above - is expected to be mainly in the older age groups; in particular the 80+ population is projected to increase by 40% from 9,900 in 2010 to 13,900 in 2026 <p>Ethnicity;</p> <ul style="list-style-type: none"> • B&NES is less ethnically diverse than the UK as a whole but more so than the South West. • 88% of residents are likely to define their ethnicity as White British. • 'White other' (3.66%) is the most significant non-white British ethnicity by volume which is likely to include EU Accession state residents

[Joint Strategic Needs Assessment](#)

[Census](#)

[Director of Public Health Report](#)

[Healthwatch](#)

	<ul style="list-style-type: none"> • followed by “Asian Indian” (1.97%), • “Other ethnic background” (0.96%) and • “Black African” (0.9%) <p>Disability</p> <ul style="list-style-type: none"> • Consistent with the regional trend, from 2002-2008, the percentage increase in DLA claimants in B&NES(34%) was considerably higher than the national average (23.4%). • An estimated 7% of population (8603) aged 18-64 has a moderate physical disability and 2% (2507) have a serious physical disability. An approximate increase of 6%in the number of people with physical disabilities is expected by 2030. • Estimates of sensory impairment suggest 12% of the adult population have moderate or severe hearing loss (in line with the South West and England) • Estimates suggest that approximately 2.6% of the adult population have a visual impairment. <p>Sexual Orientation</p> <ul style="list-style-type: none"> • The 2011 census did not include a question on sexual orientation. There was a question on civil partnership and in B&NES 0.2% of the population (309 people) stated that they were in a registered civil partnership. It is estimated that approximately 7% of the population are Lesbian, Gay or Bisexual. In B&NES this would mean a figure of around 12,000 people
What other data do you have in terms of patients or staff?	<p>Phase 1 of this review has drawn together existing views on community mental health services, and the outcome of that report can be found here. During the first phase of the review the local population was broken down into specific categories in order to tailor our engagement methods in the most effective way, and to ensure that seldom heard and vulnerable groups were not excluded from participating in the review and sharing their valuable experiences.</p> <p>According to the B&NES Joint Strategic Needs Assessment, the prevalence of mental illness is generally below or similar to the national average, with the exception of depression, where prevalence is higher (although this could reflect demand rather than need as it is based upon GP recorded prevalence). Protecting Adult Needs and Services Information system (PANSI) estimates 18,570 people in B&NES aged 16-64 have a common mental illness 2010/11 (16% of working age population).</p> <p>This EIA has also drawn on analysis undertaken for the STP footprint of B&NES, Swindon and Wiltshire on the health inequalities amongst those using specialist mental health services.</p>
Are there any gaps in the data?	Sufficient data is available to support the Review.
What engagement or consultation has been undertaken and with whom?	All phases of the Review have included ongoing engagement with local people and professionals - for detail, see below:
What were the results?	<p>Prior to the consultation phase:</p> <ul style="list-style-type: none"> * There have been more than 20 engagement events, * 8 community champions have input to the Review * There have been more than 300 face to face conversations, * We have engaged with a total of approximately 400 members of the public and 200 professionals, * Pro-active outreach was delivered to engage seldom heard groups, including young people, carers and people who are homeless.
Is a future consultation for this service/policy being planned?	A public consultation exercise has recently been completed.
How will equalities considerations be included within the future consultation?	This Combined Impact Assessment is to be appended to the Mental Health Review Full Business Case.

[Your Health, Your Voice](#)

[Office of National Statistics](#)
[NICE](#)

Assessment of Impact				
Equality Groups	How does the change meet any particular needs of equalities groups or helps promote equality in some way?	How does the change have a negative or adverse impact for any of the equality groups and how could these be addressed?	Has a risk been identified?	Add to risk register?
Gender Equality for individuals irrespective of whether they are male or female.	<p>Having given due consideration to the information shared with us during extensive stakeholder engagement, the CCG and the Council have concluded that the proposed transition will not negatively impact any of the protected Equality groups.</p> <p>The Review is intended to have a positive impact upon the equitable provision of high quality and accessible mental health services, also benefiting carers, families and supporters.</p> <p>Following the appraisal of the Full Business Case and its approval, we will endeavour to complete a Stage 2 Full Impact Assessment that will assess in detail the expected impact upon equality groups, the key risks to groups in the event of non-partial or delayed delivery and an action plan to address any newly identified challenges.</p>	See left.	No	No
Pregnancy and maternity Equality for women irrespective of whether they are pregnant, on maternity leave or breast feeding.	See above.	See above	No	No
Ethnicity Equality for all different ethnic groups.	See above.	See above	No	No
Transgender Equality for individuals irrespective of whether they identify with the gender they were assigned at birth or not.	See above.	See above	No	No
Disability Equality for individuals with physical and mental disabilities and reasonable adjustments to ensure access.	See above.	See above	No	No
Age Equality for individuals regardless of age, on the basis of clinical need alone.	See above.	See above	No	No
Sexual orientation Equality for individuals with regardless of sexual orientation.	See above.	See above	No	No
Religions and beliefs Equality for people of all different religions and beliefs including those with none.	See above.	See above	No	No
Marriage and civil partnerships Equality for individuals irrespective of whether they are married or in a civil partnership.	See above.	See above	No	No
Socio-economically disadvantaged Reduction in inequality for those disadvantaged by family background, neighbourhood, education or employment status.	See above.	See above	No	No
Rural communities Equality for individuals living in rural communities.	See above.	See above	No	No

Privacy Impact Assessment (PIA)

Guidance

The PIA seeks to identify and reduce the risks to personal information. Answering "yes" to a Screening Question will indicate whether the questions in the Risk Assessment and Risk Management Sections will need to be completed. Risks identified will need be recorded in the Risk Register and will require escalation to the Information Governance Team, Caldicott Guardian and/or SIRO.

Screening Questions				
	Question	Select answer	Provide details	Do the Risk sections need to be completed?
1.1	Will the project involve the collection of new information about patients?	Yes	We have recorded people's personal data such as e-mail address and telephone numbers where they have requested to be informed about the review, and in order to share updates or invitations to events or consultation exercises.	Yes
1.2	Will the project compel patients to provide information about themselves?	No		No
1.3	Will information about patients be disclosed to organisations or people who have not previously had routine access to the information?	No	No - with the exception of Community Champions, where explicit consent has been given to share contact details.	No
1.4	Are you using information about patients for a purpose it is not currently used for, or in a way it is not currently used?	No		No
1.5	Does the project involve you using new technology that might be perceived as being privacy intrusive? For example, the use of biometrics or facial recognition.	No		No
1.6	Will the project result in you making decisions or taking action against patients in ways that can have a significant impact on them?	No		No
1.7	Is the information about patients of a kind particularly likely to raise privacy concerns or expectations? For example, health records or criminal records.	No		No
1.8	Will the project require you to contact patients in ways that they may find intrusive?	No		No

Risk Assessment Questions				
	Question	Provide details	Has a risk been identified?	Add to risk register?
2.1	What type of data is being used?	Individuals will be invited to share personal experiences of using services in B&NES should they choose to do so, and it is important that we are mindful that some service users may be potentially vulnerable or in distress. We have recorded people's personal data such as e-mail address and telephone numbers where they have requested to be informed about the review, and in order to share updates or invitations to events or consultation exercises.	Yes	Yes

2.2	Describe the collection, use and deletion of personal data.	Our existing systems fall under CCG and Council Information Governance, and there are appropriate protocols in place for the storing and sharing of information. We will not share individual's contact details with others outside of our organisations without their explicit consent, and only then in order to facilitate equitable involvement in, for example, workstream groups. Contact details that were collected for the purpose of sharing information about the consultation were deleted from our system once this information had been shared.	No	No
2.3	Where will the data be stored?	Personal data provided by members of the public during the review was stored in a password-protected spreadsheet, which was deleted once the information was shared. We hold personal data for our Community Champions in a separate password protected spreadsheet. They have consented to us storing this data for the purposes of sharing key information and opportunities with them as part of their ongoing roles.	No	No
2.4	How many patients will be affected by the project?	The Review could impact directly or indirectly on any person living or working in B&NES with any need for mental health wellbeing support, or for mental health or care services, or with a family member in need of these.	No	No
2.5	In what form will the data be processed?	No data processing involved. Only limited collection and storage of personal contact data, as above.	No	No
2.6	Will the dataset include clinical data?	No dataset involved. Only limited collection and storage of personal contact data, as above.	No	No
2.7	Will the data include financial data?	No. Only limited collection and storage of personal contact data, as above.	No	No
2.8	Will the data include local/private contract conditions?	No. Only limited collection and storage of personal contact data, as above.	No	No
2.9	Will the data sharing involve more than one organisation? Please list all the organisations and their role in the project.	No. Only limited collection and storage of personal contact data, as above.	No	No
2.10	Will this information be shared outside the organisations listed above?	No	No	No
2.11	Does the project involve the use of anonymised or pseudonymised data?	No	No	No
2.12	Has a data flow mapping exercise been undertaken? If yes, please provide a copy.	N/A	No	No
2.13	Does the project involve employing external suppliers or contractors?	No	No	No
2.14	If this new/revised function should stop, are there plans in place for how the information will be retained/archived/transferred or disposed of?	Contact details that were collected for the purpose of sharing information about the consultation were deleted from our system once this information had been shared.	No	No
2.15	Are patients informed about the proposed new uses of their personal data? If no, why not? If yes, how is this done?	N/A	No	No

2.16	Are arrangements in place for recognising and responding to requests for access to personal data?	N/A	No	No
------	---	-----	----	----