

Review of the Cheshire West and Chester Council Mental Health In-House Provider Service

Evidence based equality analysis

Main aims, purpose and outcomes and how does it fit in with the wider aims of the organisation:

In October 2020 Cheshire West and Chester Council began a review of its Mental Health In-House Provider Service. We are now considering a number of proposed changes to this service. The changes proposed would deliver a modern and effective service that is able to meet the challenges of growing demand for services, increasing complexity of cases and rising costs in mental health services.

The Council's Mental Health In-House Provider Service delivers direct support to people with severe and enduring mental health needs. In order to access the service, individuals require an assessment and referral by a qualified professional, usually a Social Worker or NHS Care Coordinator.

Support is comprised of:

- **Outreach services** – supporting people in the community (borough wide)
- **Day services** (The Locks - Chester, Pathways - Ellesmere Port, The Old Vicarage - Northwich)
- **Accommodation / supported living** (Raymond Street, Churchside Walk)

The service is described as an in-house offer as it is managed and operated by the Council. It is one of a range of options available to Social Care and NHS professionals when looking at the most appropriate mental health support for an individual. As well as the in-house provider service, there is also support available from external service providers who currently support around 90% of mental health service users that require supported living, and 50% of service users that require mental health outreach support. Decisions about whether to refer an individual to the in-house service or to an external provider will depend on a range of factors including the complexity of the individual's needs, the availability of support from the internal service and the geographic needs of the service user.

Following a detailed options appraisal exercise, where a variety of in-house and outsourced options were considered, the programme is recommending that the in-house provider service is **retained and redesigned**, but given a strong focus on providing **short-term, recovery focused, intensive support** to people aged 18+.

The aim of the service will be to prevent, reduce or delay long-term needs with targeted periods of support that take into account an individual's strengths and personal recovery goals. Where the individual requires ongoing maintenance support this will be arranged with an external provider or via the community. For existing service users, this may involve a change in provider, and the service will work closely with them to support through the transition to an external provider. The service will continue to support an element of 'SOLR' (service of last resort) via outreach in exceptional circumstances where the market cannot provide support. Individuals will be financially assessed and charged for services in line with the existing non-residential charging policy.

A revamped commissioning approach is also proposed, whereby the Council proactively shapes and offers blocks of hours via the existing Dynamic Purchasing System to an agreed provider, or set of providers, via a restricted mini-competition exercise to guarantee a pipeline of work, reduce the admin burden and increase take-up of packages.

The redesigned service should see the following improvements:

- Preventative techniques will help to address / reduce / delay long-term needs from developing, improving outcomes for service users and reducing the average size of maintenance packages
- A focus on short-term interventions will see an increase in throughput, freeing-up capacity by no longer supporting long-term maintenance packages
- Effective coordination of staff will reduce downtime / increase contact time with service users
- Increasing efficiency will reduce the service running / unit costs
- Developing strong relationships with community organisations will increase the number of step-down / move-on opportunities for individuals, minimising ongoing cost to the Council

In order to hear the views of Cheshire West and Chester residents, in particular service users, their families and carers, other people with lived experience and the staff and volunteers working in the service, a consultation was carried out between 12 July and 5 September 2022.

The consultation revealed that there was a high level of satisfaction with the current service and broad agreement with the proposals being considered. There was, however, general concern about change per se and whether elements of the current

service may be lost. Some concern was also expressed about any potential disruption to service user routines and the anxiety that this may create, as well as having a 'recovery-focused' future approach.

These findings from the consultation are being included in the implementation plan.

This equality analysis has been completed to ensure that the changes being implemented as a result of the review do not have a negative impact on the target groups / areas detailed below.

The recommended changes align to the following strategic aims of the Council:

- **Thriving Residents:** Older people and vulnerable adults are compassionately supported to lead fulfilled and independent lives
- **Thriving Residents:** Vulnerable adults and children feel safe and protected
- **Thriving Communities:** Vibrant and healthy communities with inclusive leisure, heritage and culture
- **Our resources are well managed and reflect the priorities of our residents.**

Lead officer: Charlotte Walton

Stakeholders: In-House Provider staff and Social Care staff, service users, their carers and families, Elected Members, partners and community organisations.

For each of the areas below, an assessment needs to be made on whether the policy has a positive, negative or neutral impact, and brief details of why this decision was made and notes of any mitigation should be included. Where the impact is negative, this needs to be given a high, medium or low assessment. It is important to rate the impact of the policy based on the current situation (i.e. disregarding any actions planned to be carried out in future).

High impact – a significant potential impact, risk of exposure, history of complaints, no mitigating measures in place etc.

Medium impact –some potential impact exists, some mitigating measures are in place, poor evidence

Low impact – almost no relevancy to the process, e.g. an area that is very much legislation led and where the Council has very little discretion

	Neutral	Positive	Negative
Target group / area			
Race and ethnicity (including Gypsies and Travellers; migrant workers, asylum seekers etc.)	The redesigned service should support people regardless of these protected characteristics, as required by the Equality Act 2010. Translation services are available and incorporated into care package arrangements for service users that require the support.	The new service will improve the quality and availability of data on the characteristics of people accessing support, enabling the identification of opportunities to improve the experiences of service users.	At present there is not comprehensive data available on service users' characteristics, there is a risk of unforeseen negative impacts. This lack of data will be remedied in the new service.
Disability (as defined by the Equality Act - a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities)		<p>The recommendations should see a positive impact on individuals receiving mental health support. The service will focus on an individual's personal recovery, helping them work towards goals that are meaningful and will contribute to improved outcomes. Where an individual has longer term, chronic needs, and has been in receipt of in-house day service support for many years, then this will continue.</p> <p>The new service will improve the quality and availability of data on the characteristics of people accessing support, complying with data protection regulations. This</p>	Medium Impact – A cohort of existing service users will require transferring to an external provider. They will continue to receive support, but this will not be provided by the Council service. Due to the potential for disruption for each individual will need to be assessed / reviewed prior to the transfer to ensure that a robust transition plan is in place. It's worth noting that individuals already transfer between providers as required, as such the service is already capable of supporting people through this process.

		will enable the identification of opportunities to improve the experiences of service users.	
Sex	The recommendations have a neutral impact, the redesigned service will support people regardless of these protected characteristics, as required by the Equality Act 2010.	The new service will improve the quality and availability of data on the characteristics of people accessing support, complying with data protection regulations. This will enable the identification of opportunities to improve the experiences of service users.	At present there is not comprehensive data available on service users' characteristics, there is a risk of unforeseen negative impacts. This lack of data will be remedied in the new service.
Gender identity (gender reassignment)	The change has a neutral impact and will assist people regardless of protected characteristics, as required by the Equality Act 2010. All social care staff are provided with practice guidance and a range of training for trans awareness.	The new service will improve the quality and availability of data on the characteristics of people accessing support, complying with data protection regulations. This will enable the identification of opportunities to improve the experiences of service users.	At present there is not comprehensive data available on service users' characteristics, there is a risk of unforeseen negative impacts. This lack of data will be remedied in the new service.
Religion and belief	The change has a neutral impact and will assist people regardless of protected characteristics, as required by the Equality Act 2010.	The new service will improve the quality and availability of data on the characteristics of people accessing support, complying with data protection regulations. This will enable the identification of opportunities to improve the experiences of service users.	At present there is not comprehensive data available on service users' characteristics, there is a risk of unforeseen negative impacts. This lack of data will be remedied in the new service.
Sexual orientation	The change has a neutral	The new service will improve	At present there is not

(including heterosexual, lesbian, gay, bisexual)	impact and will assist people regardless of protected characteristics, as required by the Equality Act 2010. All social care staff are provided with practice guidance and a range of training for staff on sexual orientation.	the quality and availability of data on the characteristics of people accessing support, complying with data protection regulations. This will enable the identification of opportunities to improve the experiences of service users.	comprehensive data available on service users' characteristics, there is a risk of unforeseen negative impacts. This lack of data will be remedied in the new service.
Age (children and young people aged 0 – 24, adults 25 – 50, younger older people 51 – 75/80; older people 81+. Age bands are for illustration only as overriding consideration should be given to needs)	The changes relate to the Adults Mental Health services and do not affect people below the age of 18. Adults of all ages will continue to be able to access support for mental health needs following an appropriate assessment.	The new service will improve the quality and availability of data on the characteristics of people accessing support, complying with data protection regulations. This will enable the identification of opportunities to improve the experiences of service users.	At present there is not comprehensive data available on service users' characteristics, there is a risk of unforeseen negative impacts. This lack of data will be remedied in the new service.
Carers	The changes implemented in Phase 1 of the review increased the capacity of Social Work to carry out Carer's assessments. The changes implemented in Phase 2 should not impact Carers.	The new service will improve the quality and availability of data on the characteristics of people accessing support, complying with data protection regulations. This will enable the identification of opportunities to improve the experiences of service users.	At present there is not comprehensive data available on service users' characteristics, there is a risk of unforeseen negative impacts. This lack of data will be remedied in the new service.
Rural communities	Despite improvements for many potential service users in the access to the in-house mental health support service, provided by the addition of new satellite	The proposed service will expand day services to more locations increasing the reach of the service. These satellite sessions will be based in community buildings and	At present there is not comprehensive data available on service users' characteristics, there is a risk of unforeseen negative impacts. This lack of data will

	<p>support locations, residents in a number of remote areas will still find it hard to benefit from these services due to poor transport connections.</p>	<p>respond to demand across the borough.</p> <p>Work will take place to develop the external market to address and close known gaps in geographic coverage and types of provision. We will ensure external providers deliver a responsive service via the administration and monitoring of contracts in place.</p> <p>The new service will improve the quality and availability of data on the characteristics of people accessing support, complying with data protection regulations. This will enable the identification of opportunities to improve the experiences of service users.</p>	<p>be remedied in the new service.</p> <p>If there is low demand in some areas, it may still not be possible to operate satellite sites, meaning small number of residents may still be unable to benefit.</p>
<p>Areas of deprivation</p>	<p>There is a recognition that this service regularly works with service users from areas of deprivation, as such consideration will be given to this particular target area in the professional development of staff and during the creation of personal support plans</p>	<p>The changes will address inconsistencies in the current service offer across the borough and ensure that a consistent approach is applied regardless of a customer's location.</p> <p>Day Services will be offered via satellite sites as well as the current day centres, expanding the reach of the</p>	<p>At present there is not comprehensive data available on service users' characteristics, there is a risk of unforeseen negative impacts. This lack of data will be remedied in the new service.</p> <p>If there is low demand in some areas, it may still not be possible to operate satellite</p>

		<p>service, and work will take place to develop the external market close the gaps in external provision.</p> <p>The new service will improve the quality and availability of data on the characteristics of people accessing support, complying with data protection regulations. This will enable the identification of opportunities to improve the experiences of service users.</p>	<p>sites, meaning small number of residents may still be unable to benefit.</p>
Human rights	<p>There will be no change from the current model in terms of human rights as service will continue to operate under the relevant legislation and local policies</p> <p>All staff will be provided with practice guidance on key legal duties including the Mental Health Act.</p>		
Health and wellbeing (consider both the wider determinants of health such as education, housing, employment, environment, crime and transport, as well as the possible impacts on lifestyles and any effect		<p>A key driver of the new service will be improving outcomes for people with mental health needs. This will include supporting individuals and identifying opportunities around education, employment, finances, healthy living, and</p>	

<p>on health and care services)</p>		<p>socialisation etc. The service will also strive to identify further ongoing opportunities and networks of support in the wider community.</p>	
<p>Procurement/partnership (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)</p>	<p>Services are already provided by a mixture of in-house and external providers. Under the new model ongoing maintenance will be provided primarily by the external market based on a defined specification. The tendered specification will require compliance with the Council's equality and diversity policies. The selection questionnaire to take up a mental health support contract covers whether an organisation has an Equality and Diversity Policy and requests details of its contents, whether the organisations monitor employee and applicant numbers by protected characteristics, and asks organisations to disclose any findings of unlawful discrimination. (See the full set of questions in the evidence section).</p>		

Evidence (see guidance note for details of what to include here):

The Mental Health Provider service has not been reviewed for many years, during which time significant legislation has been introduced (The Care Act 2014) and social care services have seen increasing demand, both in terms of the volume of people needing support and the complexity of the type of support needed. These pressures have seen the amount of money that the council spends on mental health support increasing year on year, with the situation further compounded by the COVID-19 pandemic.

The information below provides an indicative list of the key activities undertaken in baselining and then developing the 'to be' model(s):

- Process mapping / time and motion exercise with staff to understand the current operating model
- Visits to team sites to gain an in-depth understanding of delivery
- Analysis of available management information including referral data, attendance information, client lists, staff caseloads, service returns
- Analysis of team structures, job descriptions, service / team budgets, unit cost information where available
- Service user feedback survey
- Conversations with social workers referring into the in-house Provider Services, as well as ASC Senior Managers
- Conversations with NHS partners
- Best practice review from other local authorities operating or commissioning similar services
- Analysis of spend / commissioning of external provision for mental health
- Review of existing Mental Health and Learning Disability framework to understand the local Provider offer
- Soft market testing exercise with external providers

The review of the in-house service found that:

- There is significant downtime and low levels of contact time across the service.
- There has been a focus on providing long-term, ongoing (maintenance) support across all elements of the service resulting in little throughput, effectively "blocking" the service.

- The service does not use a core case management system effectively, information is not stored centrally and is recorded manually, usually via spreadsheets / paper. There is very little system data to measure performance or demonstrate outcomes.
- There are limited links with the wider community and third sector. Where links do exist, it is often not joined-up.
- The in-house service offers comparable support to that available from external providers, however the unit cost of the in-house service is significantly higher.
- There are known gaps and challenges with the external provider market, and the route to market via the current Dynamic Purchasing System (DPS) has not proved effective due to a reactive approach, meaning individual packages are not attractive to providers, especially smaller packages in remote locations, resulting in delays or gaps in sourcing support.

The programme team carried out an options appraisal, with the preferred options then modelled based on known demand and assumptions on how the service would operate once implemented. The recommendation is that the in-house provider service is **retained and redesigned**, but given a strong focus on providing **short-term, recovery focused, intensive support** to people aged 18+.

The changes for the individual elements of the service would be as follows:

- Outreach support will take place over 12 weeks, with staff working intensively with service users for 5-7 hours per week, focusing on agreed recovery goals. Any ongoing / maintenance outreach will be via the community or commissioned from the market or the provided by community. It is worth highlighting that around half of the current ongoing maintenance outreach is already provided by the market.
- The Day Service offer will introduce a “hub and spoke” approach, continuing to operate from the current centres, but expanding the offer to alternative locations across the borough increasing the reach of the service. Support will consist of three tiers: 1) short-term, intensive support for 12 weeks, 2) medium term, less intensive support for up to 12 months, 3) Long term, ongoing support for service users with chronic needs (primarily existing service users and expected to reduce over time).
- The Accommodation / Supported Living service will continue at Raymond Street with a clearer focus on providing intensive support and promoting recovery. Residents will be provided with support plans and receive intensive 1:1 support, averaging 4 hours per week, over 12-18 months to promote recovery and locate suitable move-on arrangements.

- The Supported Living in-reach offer at Churchside Walk is recommended to continue but be provided by an external provider instead of the in-house service, with support arrangements set up to meet each individual's needs. The current residents in Churchside Walk would not be expected to move out of their properties as a result of this change and the support they receive would continue based on their assessed needs. This is due to the type of long term support provided at Churchside Walk, where residents are settled. It is also comparable to other offers currently commissioned via the market and doesn't fit with the vision for short-term, recovery focused support in the new in-house model.

The programme team engaged with external providers via a soft market testing exercise and provider engagement event. The information gathered through this exercise, along with feedback from the service and social work teams, was used to determine a proposed approach to commissioning packages of support in the preferred model.

The preferred options have been discussed with Legal services for a view on the appropriate governance process to follow and approach to informing stakeholders. The Programme team have also worked with Insight and Intelligence colleagues to plan for an open consultation to ensure the views of service users, staff and wider partners and stakeholders are gathered prior to implementation.

The recommendations should allow for the introduction of a modern and effective service, able to meet the needs of a wider cohort of service users, delivering support plans that are tailored to an individual's needs. The new model will increase the geographic reach of the service, and the development of strong links with community organisations should help increase opportunities for service users for ongoing support that is meaningful and personal. The development of the external market should also ensure that there is a robust offer able to meet the ongoing needs of service users, allowing the in-house service to focus more specifically on short term interventions intended to help achieve personal recovery outcomes.

Public Consultation

An open / public consultation ran from June 2022 to September 2022 to gather the views of services users, stakeholders and the wider public. A number of 'common' issues were raised during the consultation and the following conclusions can be made:

- Service users, staff, organisations and other respondents were all very positive about the current service expressing satisfaction and pride in what is currently offered and being achieved.
- There were some concerns relating to 'change' generally, i.e. around the long-term future of the service.

- Specific concerns about changes included who the additional private and voluntary sector providers were, and whether the proposals were realistic as the existence of such organisations was not known to several service users.
- Questions were asked about external providers, how they would be chosen and monitored and how staff working for such organisations would be trained.
- A concern was raised about 'consistency' of the staff who have contact with service users and with a perceived shortage of care staff generally whether staff levels would continue to be sufficient.
- While recognising the need to change how accommodation is provided, some questioned how appropriateness of accommodation for short-term and long-term use would be maintained.
- The importance of ensuring 'joined-up' working linking the In-House services to health provision was noted.
- It was suggested there are already many community facilities that might be suitable to support service users, which could be linked in to.
- There was also some concern expressed about a 'recovery' focussed model as some respondents felt that they lived with life-long conditions and therefore 'recovery' is an inappropriate word; suggesting 'reablement' may be preferable.
- Providing a timetable of 12 weeks for short-term intensive support was misunderstood with many service users concerned that such a timetable was not appropriate for their condition.
- Decision-making on 'goals', 'moving on' and other issues pertaining to the support received should be discussed with service users as some were anxious that these decisions might be taken about rather than with them.
- The potential introduction of charging at the same time as moving the service to voluntary or private sector organisations was considered to be an unfortunate image to be projecting.

Profile of Consultation Respondents

Type of respondent

The majority of respondents were service users (61%; 46), around a quarter (24%; 18) were 'staff/ employee of Cheshire West and Chester Council', 9% (7) of respondents selected 'other' and 5% (4) were representatives of an 'organisation/ company', [Note: 'missing' data is excluded from the percentage bases in the respondent profile below.]

Gender

Overall, 51% of respondents were female, 43% were male, and 6% preferred not to say.

Age group

Overall 2% (2) were aged 16-34, 11% (8) were aged 35-44, 21% (15) were aged 45-54, 44% (31) were aged 55-64, 13% (9) were aged 65 years and over and 7% (5) preferred not to say.

Sexual orientation

Around three-quarters of respondents described themselves as 'heterosexual/straight' (73%) and the remaining 17% described themselves as either bisexual, gay or lesbian or they preferred to use their own term or preferred not to say.

Health conditions

Two-thirds of respondents (67%) reported that they have a 'long-term illness, health issue or disability that limits my daily activities or the work I can do', 26% reported no illness, health issue or disability and 7% preferred not to say.

Of those with a long-term illness, health issue or disability, 85% reported that they have 'mental health issues', 36% have a 'long-standing illness or health condition', 26% have a 'physical impairment that causes mobility issues', and 11% have a 'learning disability or difficulty'. Smaller numbers of respondents referred to other illnesses or disabilities.

Caring responsibilities

The majority of respondents overall (60%; 34) rarely or never have caring responsibilities, and just under a third of respondents (32%; 18) do have caring responsibilities

Religion

The majority of respondents said that they are 'Christian', whilst 21% said they have 'no religion', 7% preferred not to say, and 3% (2) described their religious beliefs/ faith as 'other'.

Ethnicity

The great majority of respondents were 'White –British' (89%), whilst a very small number of respondents were 'White –Other', 'Mixed –White & Black African', or preferred not to say.

Commissioning Selection Questionnaire provided to all commissioned Mental Health support providers:

9.1.1 Does your organisation have a written equality and diversity (equal opportunities) policy to ensure that you as an employer and a service provider comply with your statutory obligations under the Equality Act and that explicitly bars discrimination on the grounds of sexual orientation and gender identity?

Suppliers with greater than 5 employees must have a written Equality and Diversity Policy

Suppliers with 5 or less employees who do not have a written Equality and Diversity Policy must adhere to the Council's Equality and Diversity Policy statement

9.1.2 In the last three years has any finding of unlawful discrimination been made against your organisation by any court or industrial or employment tribunal or equivalent body?

If you have answered "yes" to this question please provide, as a separate Appendix, a summary of the nature of the investigation and an explanation of the outcome of the investigation to date.

If the investigation upheld the complaint against your organisation, please use the Appendix to explain what action (if any) you have taken to prevent unlawful discrimination from reoccurring.

You may be excluded if you are unable to demonstrate to the authority's satisfaction that appropriate remedial action has been taken to prevent similar unlawful discrimination reoccurring.

9.1.3 If yes to 9.1.1: does your equal opportunities policy cover all protected characteristics under the Equality Act 2010?

9.1.4 If yes to 9.1.1: does your equality policy cover:

a) Recruitment, selection, training, promotion, discipline, and dismissal?

b) Victimization, discrimination, and harassment, making it clear that these are disciplinary offences?

9.1.5 If yes to 9.1.1: Do you regularly collect, analyse, and monitor numbers of job applicants and employees in post, taking up training and development opportunities, promoted, transferred, disciplined, and dismissed, leaving employment by protected characteristic?

Applicants with more than 50 or more employees – also answer 9.1.6 and 9.1.7

9.1.6 Do you regularly monitor complaints and feedback from employees and customers broken down by protected characteristic?

9.1.7 Do you provide equality and diversity training for managers and employees responsible for service provision, recruitment, and selection, to ensure they are up to date on current equality legislation?

Action plan:

Actions required	Key activity	Priority	Outcomes required	Officer responsible	Review date
<p>Ensure that all staff in affected teams are suitably trained Recovery focused support, strength based techniques and the Care Act 2014, as well as wider Council policies as required by their roles.</p>	<p>Training needs analysis and subsequent training of staff</p> <p>Staff to undergo training and development plan and be signposted to best practice guidance and available iLearn modules (including Equality and Diversity)</p> <p>There will be an emphasis on culture change during delivery and new approaches to training will be considered to ensure the</p>	<p>High</p>	<p>Evidence that all staff within the new service feel that they have been given appropriate levels of training and support and are confident in supporting mental health service users.</p>	<p>Gavin Butler - Senior Manager - Learning Disability and Mental Health</p>	<p>April 2023</p>

	recovery-focused model is successfully embedded.				
Ensure that service specification for external providers is aligned with equality / diversity policies	As part of the Commissioning workstream, ensure that the service specification for the external providers is compliant with relevant policies	High	Compliant contracts / arrangements with providers	Ruth Robinson – Mental Health Commissioning Manager	December 2022
Development of robust performance monitoring tools and reports.	Creation of service performance reports and dashboard, including improved availability of equality data.	High	Will allow service to monitor performance of Mental Health teams, easily identifying and addressing areas of concern, including in areas related to equality and diversity	Neil Jackson – Programme Manager – Change and Technology Team	April 2023
Ensure all new satellite sites are fully accessible to all potential service users	Work with Vivo accessibility group to identify optimal locations for satellite sites		Satellite sites are accessible to all potential service users	Incoming service manager (to start January 2023)	April 2023
Coordinate access to satellite sites with community bus services	Align scheduling of satellite site days with times when community buses will enable residents from rural communities to attend		Satellite sites are accessible to all potential service users	Incoming service manager (to start January 2023)	April 2023
Incorporate requirements for recovery-focused	As part of the Commissioning workstream, ensure that		In-house service and external support both use recovery-focused	Ruth Robinson – Mental Health Commissioning	December 2022

training into specification	the service specification for the external providers requires staff to receive training on recovery-focused approaches to mental health support		approach	Manager	
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Sign off	
Lead officer:	Charlotte Walton
Approved by Tier 4 Manager:	Gavin Butler 17 May 2022
Moderation and/or Scrutiny	
Date:	Moderation Subgroup 16 October 2022
Date analysis to be reviewed based on rating (high impact – review in one year, medium impact - review in two years, low impact in three years)	One year