

Review of Social Care in Adult Mental Health services

Evidence based equality analysis

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

The Council is carrying out a review of its Mental Health services in Adults Social Care, with phase one of the review focusing on the provision of Primary, Secondary and Older Peoples Mental Health. The aim of the review is to ensure that CW&C staff are able to work effectively in a social work capacity, offering a consistent Mental Health service across the borough, and ensuring that we are meeting our statutory duties under the Care Act 2014.

The review found that CW&C social work staff are currently aligned with the Cheshire and Wirral Partnership Foundation Trust (CWP) Community Mental Health Teams (CMHT's) across the borough supporting service users with severe and enduring mental health needs. Over time the work of the social care staff in the CMHT's has shifted away from social care towards supporting NHS activity, with staff operating in generic care coordination roles. This has been found to be at the expense of care act activity and as such it is felt that the organisation is at risk of not meeting its statutory duties.

The review also identified that the Primary mental health offer differs across the borough, with social care staff in Vale Royal aligned to the CWP primary mental health team, carrying out NHS activity, whereas Primary social care referrals in the west of the borough are handled by the social care staff in the CMHT. The Older People offer is also inconsistent with staff in the West of the borough aligned to CWP, and referrals in Vale Royal being handled by the social care patch teams. A key aim of the review is to ensure that a consistent service is in place across the borough for all service users, regardless of geographical location or referral route into the service.

The review is therefore recommending that social care staff stop carrying out care co-ordination and focus purely on social care / care act work. This will ensure that all service users referred into the Adults mental health teams receive, or are offered, a care act assessment. In addition, a more consistent offer for Primary and Older People Mental Health will be introduced which will see CW&C staff in the Adults Mental Health teams supporting both primary and secondary referrals, and all Older People's referrals managed by the Social Work Patch Teams.

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 health communities with inclusive leisure, heritage and culture
- **Our resources are well managed and reflect the priorities of our residents.**

Lead officer: Charlotte Walton

Stakeholders: CW&C Social Care staff, CWP Mental Health teams, Service Users, CW&C Members

Equality analysis is a valuable tool to help embed equality into everything we do

While process is important, equality analysis is essentially about outcomes

Lack of evidence of discrimination is not evidence of a lack of discrimination

It is not acceptable to say that a policy is applied uniformly to all groups and is therefore fair and equal. Applying a policy or procedure consistently may result in differential outcomes for different groups.

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 change has a neutral impact and will assist people regardless of 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.		
Disability (as defined by the Equality Act - a person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities)	The change has a neutral impact and will assist people regardless of protected characteristics, as required by the Equality Act 2010. Social Care staff undertake equality and diversity training as part of their professional development. Staff are aware of the challenges facing individuals with mental health needs which are identified during the Care Act assessment process.	The changes being introduced will release social care capacity to undertake increased volumes of Care Act assessments to residents with mental impairments. This could lead to earlier identification of needs and preventative services being offered.	
Sex	The change has a neutral impact and will assist people regardless of protected characteristics, as required by		

	the Equality Act 2010.		
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.		
Religion and belief	The change has a neutral impact and will assist people regardless of protected characteristics, as required by the Equality Act 2010.		
Sexual orientation (including heterosexual, lesbian, gay, bisexual)	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 staff on sexual orientation.		
Age (children and young people aged 0 – 24, adults aged 25 – 50, younger older people aged 51 – 75/80; older people 81+. The age categories 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 social care support for mental health needs, the changes should not affect the ability to access and	The changes will allow for a more consistent offer to service users within the over 65 cohort and is the same as the model already in place in Vale Royal. Referrals will be handled by a larger pool of social care staff that are experienced	Risk - that some older people referrals may experience a delay as a result of the new ways of working – Low Mitigation - Monitor the impact of changes to the pathway for Older

	<p>receive advice, information and assessments by operational services.</p> <p>Service Users over the age of 65 will still be able to access mental health social care support, however this will be consistent across the borough and provided via the social care patch teams. Complex older people cases will continue to be handled by the CMHT.</p>	<p>working with dementia, improving the resiliency of the response.</p>	<p>Peoples Mental Health referrals via performance reporting tools being developed as part of the project. Appropriate pathways will be developed and agreed with CWP as part of Mobilisation phase.</p>
Carers	<p>The council is committed to providing good information, advice and support for Carers who provide an invaluable service to society. The council is committed to offering carer assessments.</p>	<p>The change being introduced should free up capacity in the service to increase the number of carers assessments being offered / completed where appropriate.</p>	
Rural communities	<p>The mental health social care teams will continue to operate across the borough, with teams covering the same 'patches' as the wider Adults social care service to ensure that the needs of service users across all areas, including rural communities, are met.</p> <p>The patches will continue to be aligned with NHS care</p>	<p>The changes will ensure that a consistent approach is applied to service users accessing primary and older people social care regardless of a customer's location within the borough.</p>	<p>Risk – That service users may experience a different level / speed of service depending on the response of their local team, i.e. as a result of resource pressures in individual teams - Low</p> <p>Mitigation - Performance reporting tools being</p>

	communities		developed as part of the project will allow for the monitoring of service effectiveness and allow managers to address issues as they arise.
Areas of deprivation	There is a recognition that this the service regularly works with service users from areas of deprivation, as such consideration is given to this particular target area in the professional development of social workers and during care act assessments.	<p>The changes should release capacity within social care to undertake an increased volumes of Care Act assessments to residents with mental impairments leading to earlier identification of needs and preventative services being offered.</p> <p>The changes will address inconsistencies in the service offer across the borough and ensure that a consistent approach is applied regardless of a customer's location.</p>	<p>Risk – That service users may experience a different level / speed of service depending on the response of their local team, i.e. as a result of resource pressures in individual teams - Low</p> <p>Mitigation - Performance reporting tools being developed as part of the project will allow for the monitoring of service effectiveness and allow managers to address issues as they arise.</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 social work staff are provided with practice guidance</p>		

	on key legal duties including the Mental Health Act.		
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 the effect there may be on health and care services)	The recommendations do not include a policy change, or a change in the providers supporting the service users, therefore the impact is expected to be neutral.	The changes will free up capacity in the Adults Mental Health Team to work across the spectrum of mental health needs, handling both Common Mental Health issues and more complex referrals. Social Care staff will be able to focus on social needs and signpost to other support services as necessary.	
Procurement/partnership (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)	<p>The current services offered by CW&C and CWP will continue to operate once the changes have been introduced, service users will still be able to access Health and Social care MH services as they currently do, however they will be supported by the most appropriate professional / organisation as determined by their needs.</p> <p>Whilst some cases will require input from a single organisation, it is expected that a significant proportion of cases will still require joint working, with one organisation acting as a lead and the other</p>	<p>The changes recommend that CWP and CW&C teams continue to maintain close working relationships through joined up processes and attendance at Multi-Disciplinary Team meetings. The teams will continue to co-locate and have joint access to systems as required.</p> <p>CWP have completed a Quality and Equality Impact Analysis to ensure that the impacts are thoroughly mapped from an NHS perspective.</p>	

	<p>providing support</p> <p>CWP have been consulted throughout the process and contributed to the development of the new ways of working.</p>		
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Evidence (see guidance note for details of what to include here):

In Spring 2019, an initial investigation was undertaken by the Change Team on behalf of the Director of IASC&H into whether an opportunity for a major programme existed within Adults Mental Health Services. The headline findings from this investigation are that:

- It appeared CW&C is not currently meeting statutory duties under the Care Act.
- The workload for staff in the same role was not consistent across the borough.
- For some functions there is an inconsistent offer in the borough.

A major programme was approved in April 2019 to review the Role of Social Care in Adults Mental Health in the following teams; Primary Care, Community Mental Health Teams and Older People’s Mental Health. Given the co-located working relationship with CWP, CWP senior management were included in project governance to ensure engagement, however all CWP staff and processes were out of scope.

The information below provides an indicative list of the engagement undertaken in baselining and then developing the ‘to be’ model(s):

- Process mapping with staff to understand the current operating model, value added steps, duplication and non-value-added processes. This helped tease out areas for improvement
- Analysis of time taken on activities and throughput in service
- Shadowing frontline delivery e.g. visits, meetings etc to gain an in depth understanding of delivery
- Analysis of management information including benchmarking where available

- Best practice review from other LAs running these services
- Analysis of team structures, job descriptions and contracts
- Analysis of service and team budgets as well as unit cost information where available
- Discussion of the design principles with the key stakeholders including service user representatives via the Mental Health Partnership Board

In addition, the programme team also carried out a joint case review exercise with CW&C and CWP Practice / Team Managers to measure the impact on the CMHT of the recommended option given the close working relationships in place. This involved looking at the current caseloads of Care Coordinators from both organisations. A criteria was applied to each case to determine which organisation would take the 'lead' role should the recommendations be taken forward, as well as identifying those cases where an organisation would be the lead with the other organisation having a supporting role. Following this the programme team agreed to complete a CWP NHS Quality and Equality Impact Assessment (QEIA) exercise to measure the impact of any recommended changes on service users and patients of the service, as well as the workforce.

Recommendations

- CW&C staff to stop carrying out Care Coordination and other CWP / Health focused tasks including administration of CWP work, instead focusing on social work activity and assessments in order to meet Council responsibilities under the Care Act.
- The teams to maintain close working through joined up processes and attendance at Multi-Disciplinary Teams, further supported by continued co-location and joint access to systems as required. Whilst some cases will require input from a single organisation, a significant proportion will still require joint working, with one organisation acting as a lead and the other providing support.
- The older people staff to transfer to the Patch team (already the case in Vale Royal) due to the nature of the referrals often having more in common with traditional social care, as well as the benefit of a wider pool of staff to handle cases and provide resiliency. The principles of joined up working and attendance at MDT's would still apply here too.

The key drivers in deciding on the preferred options were the need to ensure that the CW&C Mental Health teams are able to meet their statutory duties under the Care Act as well as making sure that a consistent and defined offer for Mental Health social care is in place across the borough.

Taken together, the recommended options will allow for the provision of a clearly defined Mental Health social work offer to service users, partners and wider social care teams. By focusing social care staff on statutory Care Act work and increasing the number of Care Act assessments offered we will ensure that service users are assessed based on their needs, helping to support prevention and early intervention and not assessed as a means to secure onward services, as is often the situation currently.

Action plan:

Actions required	Key activity	Priority	Outcomes required	Officer responsible	Review date
Ensure that all staff in affected teams are suitably trained in the Care Act 2014, as well as wider Council policies as required by their roles.	<p>Training needs analysis and subsequent training of staff</p> <p>Staff to receive refresher training in the Care Act and Liquid Logic. Staff to be signposted to best practice guidance and available iLearn modules (including Equality and Diversity)</p>	High	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.	Gavin Butler - Senior Manager - Learning Disability and Mental Health	June 2021
Ensure that staff and partners are aware of the new ways of working so that the needs of service	Creation of service handbook with clear processes and pathways – covering all MH teams (Including	High	<p>All staff are aware of the correct pathways and processes.</p> <p>Service Users are</p>	Lois Everett, Team Manager, Adults Mental Health Service	April 2021

users are met in an effective and timely manner.	Older People MH)		receiving a high level of service		
Development of robust performance monitoring tools and reports.	Creation of service performance reports and dashboard	High	Will allow service to monitor performance of MH teams, easily identifying and addressing areas of concern.	Neil Jackson, Programme Manager, Change and Technology Team	April 2021

Sign off	
Lead officer:	Charlotte Walton
Approved by Tier 4 Manager:	Gavin Butler 10 March 2021
Moderation and/or Scrutiny	
Date:	Virtual moderation by the People Equality Group 8 January 2021, further changes made and revised version approved 19 March 2021
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)	