Adults and Children's Committee

29 September 2016

Mental Health Section 75 Agreement

Report by the Director of Adult Social Care

Purpose

To take a decision regarding the continuation of the Section 75 agreement Kingston Council has with the South West London and St George's (SWLSTG) Mental Health Trust in relation to the delivery of secondary mental health services in Kingston.

Recommendations of the Portfolio Holder for Adults Social Care and Health

To Resolve that -

1. Notice be given on the current Section 75 agreement with SWLSTG Mental Health Trust with social workers and support staff returning to Council service line management; and
2. Council staff currently working in OPCMHT (Older People's Community Mental Health Team) return to the Locality Teams and council staff currently working in Adult CMHT (Adult Community Mental Health Team) be co-located with SWLSTG staff at the Tolworth Hospital so as to promote coordinated care (refer **Option 3b** paragraph 14).

Key Points

A. In Kingston, secondary mental health care services for people who suffer from Severe and Enduring Mental Illness are delivered by SWLSTG Mental Health Trust. Two operational areas deliver these services: OPCMHT (Older People's Community Mental Health Team) and Adult CMHT (Adult Community Mental Health Team, including North and South Kingston CMHT and Early Interventions Service [EIS]). Under Section 75 a number RBK social workers and support staff are seconded to SWLSTG and social care duties and functions such as Assessment and Care Planning for Service Users and Carers, Care Management of commissioned social care placements and care packages, and Safeguarding Adults are delegated to SWLSTG and delivered within the integrated health and social care teams which have been operationally managed by SWLSTG since 1993.

B. Initially the relationship worked well with adequate focus on both health and social care. However, more recently the Trust's focus is increasingly centred on NHS objectives, to the detriment of the Council's social care requirements. A new Section 75 was agreed with the SWLSTG Trust in 2014 with the expectation it would revitalise the partnership, however this has not been the case.

C. The major areas of concern are:

- ➔ equal access to mental health social care is hindered by its location in secondary care where workforce is focussed on secondary health care outcomes
- ➔ dilution of basic social work practice resulting in mental health social care no longer being equitable with other client groups in terms of quality and service delivery
- ➔ underuse of preventative and community resources has resulted in an over reliance on costly residential and institutional care, minimising resilience

- ➔ significant challenges in delivering on the duties of the Care Act (2014) and Mental Health Act (1983
- ➔ financial efficacy with growing demand

D. RBK initiated a process of addressing these issues *via* Section 75 task & finish groups, which did not prove successful. The Council has now moved to a more preventative model of social care, focussing on greater collaboration and integration across all sectors, not solely based on secondary health care. The Council does however remain dedicated to integrated services and aims to collaborate across a wider range of providers in line with the Kingston Co-ordinated Care programme.

E. A detailed options analysis has been undertaken using a criteria-based weighting and scoring methodology to determine the most effective course of action. The highest scoring option resulted in our recommendation to bring social care staff back under council management. This solution enables RBK to introduce clear, unambiguous line management which in turn allows us to move from a clinically-based model to a social care focussed service thereby delivering better outcomes for patients and a focus on essential social care priorities.

F. As the Section 75 Agreement is a legally binding document it will require six months' notice by one of the parties. It is proposed that the Council gives notice and works with the Trust to develop alternative arrangements for the Council funded staff for the delivery of the social work service, with the intention of achieving a more consistent approach to standards, practice and systems.

Context

1. In Kingston secondary health care services for people who suffer from Severe and Enduring Mental Illness (SMI) (e.g. schizophrenia, psychosis, severe depression, dementia) are delivered by SWLSTG Mental Health Trust. Under a Section 75 Agreement, the Council delegates statutory social care functions to SWLSTG. All Council mental health social care staff and administration is seconded to the Trust. Staff use Trust ICT systems and operational management is devolved to the Trust.

2. The two service areas that operate in Kingston are:
   - ➔ Two Adult Community Mental Health Teams (CMHTs) and an Early Intervention Service (for ages 18 – 75) that offer a range of interventions and support for people who are experiencing functional mental health problems (functional meaning an illness with predominantly psychological cause, for example severe depression, schizophrenia, mood disorders).
   - ➔ The Older People's Mental Health Team (OPMHT) in Kingston offer support to people 75+ who are experiencing primarily organic mental health problems (organic meaning a disease affecting the brain, for example dementia).

3. Since the 1990s there has been a coming together of national mental health and social care provision facilitated by section 31 of the 1999 Health Act and subsequently by section 75 of the National Health Service Act 2006. The objective was to deliver enhanced service experience to service users, through improving the quality of care and reducing isolated or silo working. The British Association of Social Work (BASW) found that in some areas this was very effective, with good outcomes for patients and the social care perspective being well integrated into the

ethos of health (BASW 2010). However, a survey by BASW in 2013 reviewed the effectiveness of such arrangements over the last few years and identified that some social service departments pulled out of "pooled" arrangements. In fact, a recent national survey (Lilo *et al* 2016) reported around 45% of local authorities have removed mental health social care staff from NHS management, with the trend continuing across the country.

4. Integrated mental health and social care services in Kingston have been operationally managed by SWLSTG since 1993. Initially the relationship worked well with a balanced focus on both health and social care duties, supported by an adequate level of (both Council and Trust employed) operational /service management. However, more recently the Trust's focus is increasingly centred on NHS objectives to the detriment of Council's social care requirements and performance.

5. There is an extensive body of literature and public policy that highlights integration between health and social care as the means to achieve high quality provision to service users. It should be noted that better coordination, while not the same as integration, can also result in gains for service users (Beresford, 2002). The National Collaboration for Integrated Care and Support reports that better coordination "has a palpable merit: It can deliver many, if not most, of the benefits to users of an integrated system (and) it can be a positive, facilitating step towards an integrated system" (National Collaboration for Integrated Care and Support 2013).

6. Over the past decade new statutory duties of local authorities have emerged along with changing policy such as: Mental Capacity Act 2005 followed by the Deprivation of Liberty Safeguards, policies relating to adult safeguarding, 2014 Care Act and the drive to personalisation, prevention and recovery.

7. The most recent research entitled *Mental Health Integration Past, Present and Past* was published by Emad Lilo in February 2016. The research involved use of a comprehensive survey of a range of professionals, and interviews with local and national leaders across England involved in both mental health provision and social care. Data returned by 108 of the 148 councils in England showed that 55% have section 75 agreements, which involve some degree of integration of their social workers in NHS mental health, while 45% do not. 12 English local authorities have terminated agreements or allowed them to lapse. That amounts to 12% of the 55% of local authorities with agreements in place. The belief being that social workers deployed within mental health community teams are not always focussed on social work, and those teams do not prioritise the statutory duties placed on local authorities by the Care Act 2014. The pressures brought by the Care Act 2014 should be seen in the context of financial pressures on local authority budgets, the changed commissioning arrangement of mental health trusts as a result of the NHS Act 2011 and differing performance indicators for the NHS and local authorities. (Lilo *et al* 2014)

8. The surveys and *interviews* identify that integration in itself does not deliver an effective outcome for service users. It is the quality and nature of the 'integration' that is crucial. (*Lilo et al 2014*)

9. The effectiveness of social work within integrated teams is dependent on maintaining clear job roles, effective job planning and manageability of caseloads including well designed social care operational procedures and infrastructure such as IT systems that can serve the requirements of both health and social care *(Lilo et al 2014)*

10. The experience of Kingston Council has common themes with other Local Authorities, both nationally and closer to home e.g. London Borough of Wandsworth, Sutton and Richmond, who have all terminated their Section 75 arrangements with SWLSTG.

11. The main challenges and areas of concern are:

- ➔ the delivery of social care in mental health is no longer equitable to other client groups in terms of access and quality
- ➔ a dilution of basic social work practice coupled with exclusive focus on secondary health care outcomes
- ➔ a subsequent underuse of preventative and community resources has resulted in over-reliance on costly residential and institutional care, minimizing resilience
- ➔ significant challenges delivering on the duties of the Care Act (2014)

12. Other areas of concern include:

- ➔ risk of legal challenge due to statutory obligations not being fulfilled
- ➔ approved Mental Health Professional Service (AMHP) at risk
- ➔ Inability to obtain performance data
- ➔ inability to manage the budget
- ➔ lack of Trust engagement with RBK finance systems
- ➔ limited identification and assessment of carers
- ➔ logistical & ICT issues resulting failure to streamline processes
- ➔ increasing demand from an ageing population

Proposal and Options

13. The following options were considered as part of a detailed analysis undertaken with representation from RBK and the CCG. **Please see Annex 2.**

- Baseline Position: Council staff seconded to SWLSTG Mental Health Trust through a Section 75 agreement. Current staffing includes 15 Social Workers, 3 Administration Officers, 2 Managers, 1 Professional Lead and 5 Support Workers in three teams: North and South Kingston Community Mental Health Teams (Adult) and Older People's Community Mental Health Team.
- Option 1 (Do Nothing): Remain in Section 75 partnership agreement with renewed schedules, performance expectations, and social care staff under SWLSTG Operational Management.
- Option 2a: Council staff working with people under the age of 75 (from now on referred to as <75) remain in the Section 75 with SWLSTG and Council staff working with people over the age of 75 (from now on referred to as >75) to return to Council Management but co-located with OPCMHT.

- Option 2b: Council staff working with <75 remain in the Section 75 with SWLSTG; Council staff working with >75 to return to Council Management and return to work in the locality ASC teams.

- Option 3a (i): Termination of the Section 75 Agreement and return to Council management with Council staff previously working in both OPCMHT and Adult CMHT in one 18+ mental health social care team with distinct service line management, co-located with SWLSTG staff at Tolworth Hospital.

- Option 3a(ii): Termination of the Section 75 Agreement and return to Council management Council with staff previously working in both OPCMHT and Adult CMHT co-located with SWLSTG staff at Tolworth Hospital. As per 3a(i) with Council staff working with <75 & AMHPs to be managed by 1 Service Manager based at Tolworth but Council staff working with >75 to be managed by 1 Team / Service Manager based within locality ASC.

- Option 3a(iii): Termination of the Section 75 Agreement and return to Council management with Council staff previously working in both OPCMHT and Adult CMHT co-located with SWLSTG staff at Tolworth Hospital. 2 social workers relocated into C&I Primary Care Mental Health service managed by Council Service Manager.

- Option 3b: Termination of Section 75 Agreement and (a) Return of Council staff previously working in OPCMHT to locality ASC Teams with (b) Council staff currently working in Adult CMHT to be co-located with SWLSTG staff at the Tolworth Hospital but under distinct Council service management, based also at Tolworth.

- Option 4: Termination of the Section 75 Agreement with all Council staff returning to Council operational management and all staff relocating to the Council premises: staff currently working in OPCMHT to return to locality ASC Teams; staff currently in adult CMHTs to be located in a reconfigured into Adult Social Care Mental Health Team on Council premises.

Options Analysis

14. A detailed options analysis was undertaken using a criteria-based weighting and scoring methodology (ref. Annex 2). The results of the options appraisal identified that the **recommended course of action should be option 3b**.

- To do nothing would put Kingston at greater risk on non-compliance, increasing costs and further dilution of core social work practice.

- **Option 1:** delivers some benefits however given the Trust will continue to have its own priorities to achieve, it is considered that this will be a slow and challenging process which has already been discontinued because of challenges engaging Trusts in necessary outcomes for the Council. It is noted that Wandsworth and Richmond Councils have tried this approach through the implementation of new agreements and schedules however was disappointed with the results and both parties agreed that the best option was to cancel the agreement and integrate the mental health team back under council management.

- **Option 2a:** would potentially resolve management, performance and systems issues for adult social care for older people with mental health problems, which would better align social work practice for dementia care pathway across primary and secondary care settings. However there would be challenges in regard to long-arm management of social workers co-located in OPCMHT by team / service managers based at locality ASC. All current issues regarding the current S75 arrangement would remain for services for working age adults.

- **Option 2b:** The return of Older People's CMHT staff and service to the locality ASC teams would result in challenges for the interface with mental health / psychiatric secondary care including in-patient ward, memory clinic and CMHT needing to be being work through. This is possible and has been undertaken successfully in neighbouring boroughs even before recent terminations of S75 agreements, as social workers were never seconded into OPCMHT in those boroughs . Both options (2a and 2b) would not resolve the challenges currently experienced by the Council in regard to social care delivery for adults of working age in Kingston.

- **Option 3a:**The co-location model of Option 3a, irrespective of service management of older people social workers being located as a distinct service line at Tolworth or via locality ASC, does maintain elements of integrative working with attendance of multi-disciplinary & allocations meetings, ward rounds, proximity with health colleagues allowing ease of informal and formal case discussions. The separate line management and ICT systems also enables effective segregation of health and social care work within the team. However the implementation and continued management and governance will need to addresses risks in the form of professionals sight of records / contacts / assessments on other ICT systems; duplication and potential gaps in care neither picked up by health nor social care professionals. Equally clearer lines of accountability and professional functions will improve and focus service delivery to identified outcomes. Options of seconding social workers into Camden and Islington MH Trust were considered but concerns raised in regard to another Section 75 arrangement with another MH Trust repeating the challenges currently faced. There is a need to bring back all MH social care into Council management and systems prior to considering future partnerships. As outlined in 3b there is a need for social care for all service users with dementia / organic mental illness to be re-integrated back into locality ASC management in order to achieve consistency and share expertise, creating a platform for future partnership initiatives with Kingston Co-ordinated Care.

- **Option 4:** represents the most drastic alteration to current arrangements and potentially has the greatest risk to integration and the principles of the customer journey. The Council could have confidence that bringing the mental health work force under Council management and re-locating them to Council premises would align them effectively to Council practices, performance and systems, bringing greater control of commissioning and economies of scale via removing additional admin burden and risk by integrating ICT / Finance systems. However, such a move would be contrary to the direction of travel in Kingston towards greater collaboration and integrative working.

- **Option 3b:** (**Recommended option**) This would enable RBK to introduce clear and unambiguous line management to achieve consistent performance and quality of social work practice and to allow staff to use the Council's systems and processes. It would also ensure their professional focus is on the social work priorities presently not being effectively applied under the current Section 75 Agreement. A further potential benefit of the Council taking on the operational management would be to strengthen the links with Primary Care, Children's Services, and Drug and Alcohol Services. The return of social care for adults with dementia receiving health care from secondary care to the same service as those receiving primary care, would result to a consistent service delivery for this client group providing a platform for the Council to strategically develop services e.g. in line with Kingston Co-ordinated Care. The potential risks of loss of joint multi-disciplinary casework and reduced communication with Secondary Health Care could be effectively mitigated by a co-location model. These factors would need to be worked through carefully so that the new management arrangement strengthens the relationship and work with the Trust, but also supports social workers to concentrate on their statutory roles and responsibilities. Option 3b also allows the Council to deliver on its coordinated care objectives.

Consultation

15. There is no requirement to undertake a public consultation regarding these proposals.

16. Discussions have commenced with the Trust and affected staff. The outcome of the initial meeting was overall support for termination of the Section 75 and current secondment arrangements and a return to Council Management. Staff would like the opportunity over the next 6 months to work closely with management to develop protocols, working arrangements in order to retain integration for the service user care pathway should the proposal be agreed.

Timescale

17. Implementation Timetable

Activity	**Target Date**
Give notice on existing section 75 arrangements	Oct 2016
Section 75 agreement ceases	April 2017
Staff physically move across to RBK premises	April 2017
Service operates under RBK Management	April 2017

Resource Implications

18. Indicative Implementation Costs

Item	Cost (£)
ICT Hardware	26,000
Data License and Migration	10,000
Equipment (desks, chairs etc)	13,000
Legal advice (SLLP)	3,000
Removal costs	5,000
Training (IAS)	2,000
Communications (website and printed material updates)	2,000
Total	**61,000**

19. This one off cost is covered within a planned in-year underspend from the mental health placement & salary budget. Therefore the implementation costs above will not involve additional cost to the Council. Project management and other significant project-related activity will be undertaken by internal RBK staff.

20. The Council has made substantial savings over the last 5 years in regard to mental health:

Year	Budget	Salary Expenditure
2011/12	£3,868,800	£1,908,888
2015/16	£3,106,373	£1,234,796
2016/17	£2,781,373	£1,009,796

21. In 2016/17 an additional 325K savings has been made from the mental health budget, inclusive of the 225K from salaries, these savings having been achieved prior to project completion. The proposal seeks to consolidate service provision within decreased resources and ensure the Council is providing a quality and safe service that meets our statutory obligations. Future savings may be achieved from the return to RBK line management, which prioritises prevention and focuses on cost effective outcomes such as step down of working age adults to independent accommodation.

Legal Implications

22. Six months written notice period is required in order to terminate the section 75 partnership agreement with South West London and St George's Mental Health Trust. The main provisions within the existing S75 Agreement governing the procedure when terminating should be followed to ensure a smooth transition. Upon termination of the section 75 all previous joint responsibility for the pooled (staffing)

resource and statutory duties and functions will return to the sole responsibility of the Council, Adult Social Care directorate.

23. Employment law issues arising out of this proposal which will need detailed consideration as the process continues. However the issues will be limited to change of job role and location as no posts will be put at risk without a suitable alternative already identified.

24. In addition, it must be ensured that service users experience no direct change in their service as a result of the proposal; if it is envisaged that there would be changes in service, public consultation may be required prior to the final decision to withdraw from the s75 agreement being made. The Equalities Impact Assessment will be fundamental in assisting to demonstrate that RBK has given appropriate consideration to service users when making the decision to terminate the s75 agreement. The service users affected do have protected characteristics as defined by the Public Sector Equality Duty contained in section 149 of the Equality Act 2010 and RBK therefore has a duty to ensure that they are not adversely affected by the decision.

Risk Assessment

25. Terminating the formal agreement which governs existing partnership arrangements will result in the full responsibility of financial and service delivery risks returning to Council.

26. The monitoring of finance and service delivery will return to the framework of performance schedules & reporting already in place for Adult Social Care.

27. Under section 75 the Service provision risks remain ultimately the legal responsibility of each organisation. The termination of the section 75 will enable the management of Council-related risks to return to direct operational responsibility and governance of the Council.

Equalities Impact Assessment

28. The termination of the section 75 agreement has no direct equalities impact but aims to deliver improved outcomes for service users. Please see **Annex 1** for Equalities Impact Assessment.

Road Network and Environmental Implications - None.

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- Options Appraisal 25 August 2016

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Annexes

- Annex 1 - Equalities Impact Assessment
- Annex 2 - Options Appraisal

FULL EQUALITIES IMPACT ASSESSMENT FORM B

Function being assessed:

Termination of Section 75 Partnership Agreement with South West London and St George's Mental Health Trust (SWLSTG):

Mental Health Adult Social Care (Assessment and Care Planning under the Care Act; Commissioned Social Care; Professional Social Work Intervention, Adult Safeguarding and Carers Assessment & Service Provision) & Approved Mental Health Professional service staff moving out of seconded arrangements with SWLSTG and returning to service line management of the Council.

Is this a new function or a review of an existing function?

The function of mental health adult social care will continue to exist, however the termination of the Section 75 results in the ending of secondment arrangements of mental health social workers and support workers to SWLSTG and the return of statutory social care functions currently delegated to SWLSTG to direct service line management of the Council. The proposal also results in the return of mental health adult social care to the established framework of Council policies, protocols ICT systems (in compliance with the Care Act 2014) bringing consistency of practice across all client groups of adult social care.

It is proposed that (5 with 1 vacant post) staff currently seconded into the Older People's CMHT return into the existing locality ASC Teams in order to provide consistent social care for older adults with organic illnesses such as dementia in line with the Dementia Strategy (2015). The interface with SWLSTG services such as the memory clinic and in-patient psychiatric wards will be maintained by clear referral protocols and social work presence in wards rounds and allocations meetings.

It is proposed that (16) staff currently seconded into the Adult CMHT move into a distinct adult mental health social care team with its own service line management, providing both statutory AMHP service (duties under the Mental Health Act 1983 for all age groups) and social care provision for working age adults with mental health problems.

Therefore the function of mental health adult social care remains but is delivered from a re-configured service, which is compliant with the Care Act (2014). Integration will remain however developed with SWLSTG and other partners into a reconfigured service provision.

What are the aims/purpose of the function?

Current service aims to provide Assessment and Care Planning under the Care Act; Commissioned Social Care; Professional Social Work Intervention, Adult Safeguarding and Carers Assessment and Service Provision and also an AMHP Service to meet the Council's statutory duties under the Care Act (2014) & Mental Health Act (1983/2007). However having delegated service management to SWLSTG and adopted their protocols & ICT system, the Council have had ongoing concerns in regard to the quality of service provision & performance, and compliance of social work practice to the Care Act (2014).

This is due to a number of reasons, principally SWLSTG ICT not being conducive to either Care Act complaint assessment and care planning or also safeguarding adults management within Pan-London guidelines. The two organisations have differing priorities and resource constraints, which has a detrimental impact on social care service delivery in Kingston across all demographics, including those protected characteristics of the Equalities Act (2010).

The proposed ending of the partnership aims to strengthen integrated work between adult mental health social care and other sectors such as the enhanced primary care mental health service, substance misuse service, children's services and health providers such as Your Health Care in line with Kingston Co-ordinated Care; the Dementia Strategy, Active and Supportive Communities.

The principal risk is the reduction of integrated working with SWLSTG secondary care mental health provision. However the project team will work closely with SWLSTG to maintain integrated services whilst separating management and ICT arrangements.

The end of the partnership will require a 6 month notice period in which time the Council will work with SWLSTG and other partners to identify interfaces and agree required protocols and practices to promote integrated work with both SWLSTG, Camden and Islington Mental Health Trusts (CandI) & Your Health Care to ensure people using either primary or secondary mental health care have equal access to adult social care.

The impact of staff will be minimal. Out of the 22 posts & staff currently seconded into SWLSTG and co-located with the mental health teams at Tolworth, 16 staff will remain located where there are presently. The greatest potential change could be a change of rooms, with any workplace adaptations, for example, moving with those staff. The 5 current staff (1 post vacant) from OPCMHT will be relocated into Locality teams based Hollyfield Road (10 minutes' walk from Tolworth) or Acre Road (Central Kingston so 20 minutes' drive). Any staff where travel arrangements may be impacted because of caring, child care or any other reason may be identified for move to Hollyfield Road rather than Acre Road.

Is the function designed to meet specific needs such as the needs of minority ethnic groups, older people, disabled people etc?

Yes.

At present mental health adult social care is provided within the secondary mental health services of SWLSTG only. In terms of overall service provision SWLSTG works to its Equalities Strategy 2013-17, which in turn adheres to the Equality Act 2010. The Strategy therefore covers "removing or minimizing disadvantages suffered by people due to their protected characteristics, taking steps to meet the needs of people from protected groups where these are different from the needs of other people, and encouraging people from protected groups to participate in Trust activities or in other activities where their participation is disproportionately low" (Equalities Strategy 2013-17, SWLSTG).

The pathway for accessing mental health adult social care starts with referrals for SWLSTG secondary health care from Kingston GPs. These referrals assessed by SWLSTG medical and nursing staff at the Kingston and Richmond Team based in Teddington, Richmond and then (1) returned to primary care as they do not meet secondary care eligibility or (2) referred onto social workers in secondary care CMHTs to assess under the Care Act (2014) or (3) referred into CMHT for multi-disciplinary follow up including adult social care.

Therefore referral to secondary mental health services is currently a pre-requisite and therefore potential barrier in terms of equalities to accessing adult social care for those individuals with mental health problems (especially those who are not identified [and subsequently not referred] for secondary mental health care).

The termination of the S75 partnership agreement with SWLSTG does not prohibit the above mentioned referral pathway as referrals will still be made to social work staff in existing Adult Social Care teams for people over 65 or the new distinct adult mental health team for working age adults, irrespective of those social staff not being seconded to SWLSTG service management.

The mental health social work service returning to Council Adult Social Care policies and protocols, which are informed by the Council's Equalities Policies, Strategy and Steering Group. In addition the use of the Council's ICT system for data collection enables more accurate data collection of demographics including characteristics under the Equalities Act (2010) in particular reference to those receiving adult social care for mental health problems, a function not currently available for adult social care within SWLSTG ICT systems.

What information has been gathered on this function? (Indicate the type of information gathered e.g. statistics, consultation, other monitoring information)? Attach a summary or refer to where the evidence can be found.

The issue of the SWLSTG data collection system not being refined to collect specific information in regard to adults being assessed for- and receiving adult social care presents significant challenges in regard to the ability of the Council to be confident and evidence that adult social care for people with mental health problems in Kingston are provided with a service that does not discriminate against minority and protected groups under the Equalities Act (2010).

The return of mental health adult social care to Council management and data collection facilitates the opportunity to collect, collate and analyse equalities data to inform future service development to address equalities issues in line with the overall Equalities Strategy of the Council.

Staff located within adult mental health services will not be impacted upon by a change of management and use of ICT systems, for example workplace adaptations will remain and the Council HR department including occupational health will continue to be the responsible department for Council staff as was the case even when secondment arrangements were in place. The change in location for the 5 staff currently working in OPCMHT is not deemed to impact on any demographic disproportionately. If further analysis does indicate challenges in relocation for any reason, the impact will be minimised by identifying that person for transfer to the locality team most local to Tolworth, which is Hollyfield Road.

Does your analysis of the information show different outcomes for different groups (higher or lower uptake/failure to access/receive a poorer or inferior service)? If yes, indicate which groups and which aspects of the policy or function contribute to inequality?

Due to issues described in the business case, there is a lack of reliable demographic data base in regard to service users receiving a mental health adult social care service in Kingston. Only when data collection systems are aligned with the rest of the Council will accurate data in regard to (a) specific social care assessment and intervention (b) all demographics including all 9 of the protected groups (Equalities Act 2010) be

available to inform future service delivery to address identified inequalities in specific reference to mental health adult social care. However, based on experiences of neighbouring Councils of Wandsworth, Richmond and Sutton who have ended their Section 75 Partnership Agreement with SWLSTG a number of positive impacts can be considered:

Positive Impacts

The action of separating local authority staff from SWLSTG operationally management and systems, but maintaining close interfaces for cross-referral and co-working should not disproportionately affect any particular demographic group in terms of equal access to assessment and care planning and intervention.

In fact the protected groups will benefit from better quality and personalised assessments and support plans that promote independence and wellbeing. For example, greater access to and use of personalised services will incorporate culturally-specific provision *via* use of direct payments to recruit Personal Assistants. The alignment to Council systems, which were amended to comply with the Care Act (2014) and accurate recording of demographic data in order to analyse and inform service delivery will result in the framework and data collection to provide more equitable access to services across a diverse population.

The function of IAS (Council ICT system) will enable recording of demographics and equality data that will facilitate improved analysis and support effective strategic planning giving service users access to a wider range of culturally, gender, and age-specific services where appropriate.

The mental health social workforce will benefit from having closer links to other social work teams which will support learning information sharing and promote positive ideas. This for example could support assessment and care planning for those with Learning disability who disproportionately receive diagnosis of dementia.

In recent work by Kingston Co-ordinated Care, it was identified that 80% of complex social care cases analysed had a significant mental health component. With social workers from the current Older People's CMHT returning in existing locality adult social care teams, social worker from those teams and (Your) health care teams will benefit from the knowledge and expertise mental health social workers will bring in terms of risk management, cultural issues, understanding the impact of mental ill health on service users, carers, families and children.

It is not envisaged that staff group will not be impacted upon in regard to equalities issues, in addition good consultation will alert management of potential impact. Staff will have a pivotal role in the planning and implementation of new service configuration.

Negative Impacts

It is acknowledged that any change in service delivery has the potential to unsettle service users and carers and this will disproportionately impact on groups over-represented in services. However this will be mitigated by keeping all service users and carers fully informed about what is happening and reassuring them that their services will improve or at least not be affected detrimentally. A communication strategy and current work utilising co-production to develop the Kingston Mental Health Strategy will support constructive communication and collation of feedback.

Relationships between secondary mental health staff and social work staff may be affected with consequential impacts on service users and carers. However this will be mitigated by planned transition. As noted above the proposal will co-locate adult mental health social workers with their health colleagues at Tolworth hospital to promote co-working and greater co-ordinated work with local authority colleagues and practices by those social workers returning to adult social care, as well as attention being paid to how those social workers still interface with health colleagues *via* presence at team meetings and ward rounds.

A concern is that service users in receipt of both health and social care (i.e. those with more complex presentations) could receive a less co-ordinated approach. This will be mitigated by planned transition, joint training and staff development opportunities as well as clear working protocols that are unambiguous in terms of responsibility around risk management, line management and joint working. Also by ensuring that staff have access to both Health and Social Care IT systems, so information is shared without the onus of double inputting.

Staff will have the opportunity to play a pivotal role in the development of services *via* work streams looking at service provision, co-working, interfaces, protocols, training. A return to Council management, integration of professional and operational management and full utilisation of Council HR systems will support the more effective delivery of human resources management, which will further support equalities issues in the workforce.

Are these differences justified (e.g. are there legislative or other constraints)? If they are, explain in what way.

There is no evidence (including nationally to date with over half of Councils with no S75 arrangements for mental health and locally Richmond (2016); Wandsworth (2015) & Sutton (2010)) that withdrawing from S75 partnership agreements with Mental Health Trusts contribute to inequality.

What action needs to be taken as a result of this Equality Impact Assessment to address any detrimental impacts or meet previously unidentified need? Include here any reasonable adjustments for access by disabled people. Include dates by which action will be taken. Attach an action plan if necessary.

Keeping all service users and carers fully informed about what is happening and reassuring them that their services will improve or at least not be affected detrimentally.

Joint training and staff development opportunities as well as clear working protocols that are unambiguous in terms of responsibility around risk management, line management and joint working. Also by ensuring that staff have access to both Health and Social Care IT systems.

A sensitive change management programme will address concerns about staffing issues. This process started with a management meeting with all affected staff on the 9th September 2016, which initiated consultation.

When will you evaluate the impact of action taken? Give review dates.

A review of data collection will be completed at the start of the distinct service post-data migration enabling a mental health adult social care data set data.

Then a review of that data at 6 months and feedback from the Service User and Carer Survey in 2017.

Staff engagement throughout the 6 months' notice period and thereafter.
Assessment completed by: **NAME** Iain Richmond **SERVICE** Mental Health Services **DATE** 16th September 2016