

<b>London Borough of Harrow Provision of Adult Community Mental Health Services</b>	
Report type:	<b>Proposal for Adult Social Care Functions in Mental Health</b>
Date:	5 September 2022
Version:	V1.4

## **1. Introduction**

Local Authorities have statutory duties under s117 of the Mental Health Act 1983 and the Care Act 2014 to provide adult social care mental health services. Harrow Council has commissioned CNWL under a s75 Agreement to provide a single integrated mental health and social care service. Through this arrangement the Council has delegated its statutory duty and responsibilities to CNWL for the provision of mental health assessment and treatment support services.

In March 2022, CNWL announced its intention to end the current partnership arrangements delivered through S75 delegated functions during the 2022-23 financial year.

This paper considers the options and implications for future service delivery and recommends a preferred delivery model.

## **2. Required outcome**

The priority from this point is to achieve a seamless transfer of care and support for all people requiring support with maintaining either their own mental health or for the person they support, at the point of transfer to a new service provider and beyond.

The Trust and Adult Social Care officers are proactively working to retain staff impacted by any potential transfer to a new employer, that will ensure both continuity of employment and legacy knowledge of patients on their caseload.

It is intended to use this opportunity to deliver continuous service improvements that increase the quality of community mental health assessment and care management services in Harrow, within the approved annual budget and where appropriate to reduce the financial liabilities to the Council.

## **3. Proposed Service change**

The summary of what the proposed change in service delivery will mean to both the service workforce and the residents of Harrow is as follows:

- The line management of employees engaged in delivery of the Council funded social care services that are in scope for transfer will change to the new service provider.
- There will be an adjustment to the referral care pathways and customer access points to deliver a new design for integrated health and care provision as part of the Harrow Borough Based Partnership.

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- It is anticipated that the scrutiny and thereby quality of supported accommodation and other support services delivery will improve, through a refocus of commissioning activity based on a strength based approach to the allocation of personalised support.

#### **4. Indicators of success**

The following indicators will be referenced throughout the planning for service transfer to ensure that the outcome is of benefit to all concerned:

- That patients /citizens/ and unpaid carers report satisfaction with the change in service delivery.
- That multi-disciplinary functions and processes are maintained and embedded in an integrated model of service delivery within the community
- That patient and staff data is protected and transferred fully to the new arrangements
- That the projected placement spend is challenged year on year

#### **5. Consideration of Future Service Options**

The future service delivery options that have been considered are as follows:

- a) Do Nothing
- b) The Council to insource the mental health social care function and Care Act duties to sit under the management of the Director of Adult Social Services
- c) To commission another specialist Mental Health external provider

Appendix 1 provides a summary of the main benefits and risks of each option.

The criteria used to select the optimum solution for service delivery are as follows:

- Best placed to provide seamless continuity of service delivery within the desired timeframe
- Demonstrates how it meets the aspirations and needs of the local mental health community
- Provides best value for money for the Council

Each of the three options considered were evaluated against each of these criteria.

'Do Nothing' was immediately discounted as a viable option. The Trust had clearly indicated it did not wish to continue current arrangements when it served notice on the contract in January 2022. Equally, the service provision enables the Council to fulfil its statutory obligation with regards the provision of assessment and treatment services for people with mental ill-health, and duties under the Care Act 2014 in relation to unpaid carers. Therefore, the lack of these services in Harrow would result in the Council being in dereliction of its legal duties.

Option B regarding the transfer of service management arrangements to the Council's responsibility, can be managed in a timely way to ensure that it will be completed at the point that the Director of Adult Social Care (DASS) is confident that systems and processes are in place to meet current support needs and monitor

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current and future demand trends. Officers can also work closely with the local community throughout the transition stage and embed feedback on service improvements in the redesign of service delivery.

Option B also enables the Council to apply increased scrutiny of placement cost decisions and take advantage of the internal commissioning expertise on market management. One of the key concerns with the current arrangements has been the continued annual increase in placement overspend, for which the Council had limited control over how this was being managed within the Trust. This has resulted in the need for the Trust to produce a Financial Recovery plan to work towards bringing placement spend back in line with budget lines. There have also been concerns with regards inadequate assurance systems in place to monitor the quality of external supported accommodation provision. This has on occasion led to citizens not obtaining adequate levels of support to maximise their independence in a timely way.

Option C to procure another external provider to deliver the delegated functions on behalf the Council was considered. However, this would carry inherent risks to the Council.

The external procurement would take 12-18 months to achieve, which exceeds the period of time that it would be reasonable to expect the Trust to continue with the current service provision. This option would also incur an additional cost of officer time and resources, but without the assurance that it would deliver better value for money in the current market position or assurance of continuous service improvement.

There is a limited market in this specialist mental health field, and this option would open the possibility of a provider that does not have the local connections to Harrow residents, or the ethos of a not-for-profit approach. This could potentially risk inflated costs to the Council and/or potentially compromise the quality assurance of how services were delivered.

Option C could therefore not meet the criteria of being best placed to provide seamless continuity of service within the required timeframe.

The option therefore being recommended by officers is Option B i.e. To insource mental health social care services and care act duties within the Council under the management and leadership of Adult Social Care.

## **6. Benefit /risk to the Council**

The benefit to the Council of the recommended option is that it provides total management and scrutiny in how ASC resources are applied going forward. This provides the inbuilt flexibility to redesign the service delivery as community support needs change and facilitated through better utilisation and links of the community network of services in Harrow.

The risks are that

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- Staff may choose not to TUPE to new arrangements which would result in the additional challenge in the current national economic climate, to recruit to vacant social work posts
- Reputational risk to the Council if the transfer resulted in a loss of continuity to the service. This would also have a negative impact on system partners and the integration agenda across NWL and Harrow Borough Based Partnership.
- The existing financial liability may take until at least 2024 to bring current budgets back inline, whilst recognising that the full impact on citizen's mental health as a result of the covid pandemic and economic pressures, may lead to an increased demand on mental health support services.

It should be noted that the latter point of cost of growing demand and pace of reducing overspend would apply to both the viable options (B & C) considered.

## **7. Benefit/ risk to clients/citizens**

The benefit to citizens is the continuity of staff and case management, but from within a public sector organisation with a developed awareness of the needs of the local community, and an established relationship with the wider voluntary and community social care sector in Harrow.

It will provide the opportunity for citizens/unpaid carers to co-produce both the re-design of service delivery, and to drive the continuous service improvement to improve outcomes for citizens.

The proposed transfer will also enable unpaid carers to benefit more from the Council's universal offer to carers in terms of advice and support and ensure a robust review of the process of carers' assessments to bring them in line with the Care Act requirements.

## **8. Benefit / risk to the mental health service workforce**

The risk, as in any change in service management, is that it creates a period of uncertainty for the staff involved. This risk will be mitigated during the transition and consultation process by providing information at each stage and engaging staff in both the design and transfer implementation planning.

The benefit from the proposed option is that there will be the opportunity for senior ASC staff to become closely involved in the planned transfer, and to build relationships and trust with staff well in advance of any proposed formal transfer date.

Staff will also benefit from becoming part of an established adult social care staff structure with access to the internal Continuing Professional Development (CPD) arrangements to support their professional development.

## **9. The future integration of health and social care delivery**

The focus will be on person-centred care pathways so that both the access to care management services and moving between different aspects of health and social care support are delivered in a holistic way.

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With regards forming part of the wider network of integrated support in Harrow, developments at a system level through the Harrow Borough Based partnership will incorporate the new mental health service management arrangements to form part of an integrated network of support with mental health and wellbeing.

The development of the service and care pathways for the different aspects of mental health service delivery will be fully developed during the transfer mobilisation phase and continue to evolve overtime with input from local stakeholders.

## **10. Current level of demand for the S75 funded services**

### **Mental Health Hubs**

The Community Hub services have experienced an increase in referrals year on year, rising from 2100 during 2020-21 to 2648 in 2021-22. This represents a 25% increase in demand from the previous year.

During Q1 of this year 2022/23, there have been 606 new referrals, and with a total number of 2100 citizens being supported by the Mental Health Hub teams as of 31<sup>st</sup> July 2022.

The impact of covid and the expected rise in the cost of living on the mental health of Harrow residents is yet to be determined. However, what is becoming apparent is that whilst the main source of referrals to the Hubs continues to be GPs, the numbers are lower possibly because of reduced appointment capacity in primary care. In contrast, there is a reported increase in numbers of citizens with mental ill-health presenting at A & E prior to being discharged to community services.

### **Supported accommodation placements**

During 2021-22 there was a total of 264 people between the ages of 18-64 requiring supported accommodation, whilst they were not well enough to live independently. There were slightly greater numbers of men than women (60/40%).

The intention under the new arrangements would be to reduce the length of stay and ensure that through work with housing colleagues to increase opportunities for tenants to progress to independent living.

### **Approved Mental Health Professional (AMHP) Service**

The AMHP service conducted a total of 572 assessments in 2021-22, and 113 in the first quarter of this year with an almost equitable split between the number of men and women being referred.

### **Carers support service**

The total number of unpaid carers (family or friends) known to the carers' support and assessment service as of July 2022 is 493.

### **Young Onset Dementia (YOD) services**

The Harrow YOD post forms part of a shared service with other local authorities in the Northwest London sector and is currently providing case management support for 89 Harrow families. This function may therefore need to be considered at an ICB

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level to consider how best to commission the service needs for the future as a sector to provide the economy of scale, for a small but growing number of individuals.

## **11. Future service capacity requirements**

A detailed analysis of individual Hub caseloads will be conducted as part of the transfer process to determine where case management responsibility should rest based on the required lead professional i.e. either ASC or CNWL.

A Matrix tool is in development which will aim to determine the volume of cases from within the total Hub caseload of 2100 where lead responsibility will need to be managed from within ASC.

The AMHP and Carers services will both transfer existing caseloads to the new arrangements.

As the new service model develops, the future capacity will continue to be revised and aligned to rates of demand.

## **12. Financial impact**

The current contract cost of mental health services currently provided by CNWL has increased year on year, with the services costing £3.9m in 2014-15 and rising to a CNWL projected cost of £6.4m in 2022-23. This reflects the national position in demand for mental health support, and market cost pressures as a consequence of the NHS best practice policy to increase the volume of community placements to reduce length of hospital stays.

The S75 partnership budget is made up of two components -direct workforce costs, and client placement/care package costs.

Initially the Council and CNWL shared any placement cost pressures on a 50/50 basis however the risk to the Trust has been capped since April 2019 (£250k 2019-20 and £200k from April 2020), resulting in increased cost pressures being incurred by the Council year on year.

The placements budget is subject to a Financial Recovery Plan (FRP), for the Trust to reduce the overall cost in this area and begin to align spend closer to the baseline budget. In 2022-23 the FRP is expected to realise £229K in the remainder of this financial year which is pro rata of a full year effect of £344K. This will be achieved in part by a renewed focus post-covid, on reviewing and preparing citizens to move to less intensive support arrangements as part of their recovery pathway.

The period 3 CNWL forecast in the current financial year indicates expenditure of £5.992m – this assumes the FRP is achieved (at £229k) and the application of the agreed risk share contribution from CNWL (of £200k). The cost above the delegated budget of £5.805m (currently forecast at £187k) will be funded by the Council as in previous years.

The agreed budget breakdown under the S75 arrangements delegated to CNWL for the financial year 2022-23 has been proposed by the Council as the following (with

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the staffing budget to be uplifted once the Council pay award for 2022-23 once this has been agreed):

<b>Service Area</b>	<b>2021-22 Budget £000</b>	<b>Proposed 2022-23 Increase £000</b>	<b>2022-23 Budget £000</b>
<b>Social Care Workforce</b>			
Service workforce costs	1,558	150	1,708
S75 Management structure	364		364
<b>Total Staffing costs</b>	<b>1,922</b>	<b>150</b>	<b>2,072</b>
Contract Overheads	156		156
<b>Care package costs</b>			
Placements (net of income from client contributions)	3,050	527	3,577
<b>Total</b>	<b>5,128</b>	<b>677</b>	<b>5,805</b>
CNWL Risk share contribution	-200	0	-200

### **Financial risk to the Council of acquiring a new external provider**

Prior to commencing a procurement process, an indicative service value and budget would need to be determined. The alternative would be to provide the anticipated volume of activity and require the tenderer to determine the budget required to deliver the specified service.

Any new provider is likely to apply a full cost recovery model, which would be based on the current arrangement information which has a financial forecast in excess of the available budget allocation.

It is therefore considered likely that any procurement exercise could result in increased cost to the Council at least initially due to market pressures, and with the Council remaining unable to utilise and benefit from the local care market provider relationships and economies of scale associated with sector-wide developments such as the West London Alliance.

### **Financial benefit to the Council of the recommended option**

By insourcing the service, the Council can both determine and manage the budget and resources with a greater level of scrutiny.

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This approach is expected to improve the value for money for the Council through widening opportunities to commission a variety of local and sector-wide providers and manage the market to deliver quality assured external packages of support as required.

In addition, the planned move in 2023 to new sector wide block contract arrangements to provide economy of scale, will enable the Council to replace the current practice of purchasing individual spot placements on an ad hoc basis which are priced at a premium rate.

### **Indicative additional costs**

There may be additional staffing costs in relation to back office functions. These potential costs include data migration (one-off), IT related costs as well as the costs of office accommodation. However, it is not yet clear how such costs would compare to the existing cost of equivalent functions which are costed as overheads within the current arrangement.

Any TUPE transfer of staff may incur additional costs associated with both the physical transfer in relation to accommodation and equipment, and also an assessment around any indicative costs surrounding the transfer of the pension fund. Under s257 of the Pensions Act 2004 and the Transfer of Employees (Pension Protection) Regulations 2005, Harrow Council is obliged to provide pension benefits for transferring employees where the employees were a member of an occupational pension scheme immediately before the transfer. This potential cost would also be incurred by the Council if the decision was to source another external provider, as the liability would be built into the contract price tendered.

Any one-off costs arising from the transfer of staff and services, together with any ongoing additional costs will need to be considered as part of the wider budget setting process, however given the overall Council pressures and budget gap for 2023-24 (of approx £16m) these services will need to be contained within the existing overall Adults budget.

## **12. HR implications of the Service change**

### **Staffing breakdown**

There are a total of 42.5 posts in scope for transfer to the new arrangements, which are currently covered by 46 staff. This complement comprises a diverse range of roles as follows:

- Service Managers
- Social Workers & Team Leaders
- Placement review officers
- Commissioners
- Admin/Business support
- Housing officers
- Personal Budget Officers
- Carers' support officers



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- Young onset dementia

### **Joint funded posts**

There are several senior posts (3 fulltime equivalent posts/5 staff in total) that have historically been jointly funded between the Council and the NHS. For some postholders this has meant that they deliver a split function with another role that is Trust specific. It is proposed under the new arrangements that all joint funded posts remain out of scope for transfer, but that the Council's funding contribution is removed from the Trust.

The equivalent amount that the Council is currently paying to the Trust, will be built into the adult social care establishment to create the required management and infrastructure capacity to adequately discharge the adult social care function in the new service delivery model.

### **Management of HR implications**

The main HR implications of Option B will include the obligation to maintain the same employment contracts, terms and conditions, policies, etc. from CNWL to the Council for all staff in scope of this transfer. It should be noted that staff are protected from variations to their terms and conditions, as well as dismissal unless there is genuine Economic, Technical or Organisational (ETO) reasons.

However, specific HR implications will be ascertained when the following are known:

- Employer Liability Information – full terms and conditions of employees' employment, that will include:
  - Sick pay entitlement
  - Annual leave entitlement
  - Maternity/paternity/adoption leave
  - Additional benefits the employees might be entitled to.
- Measures letters from CNWL and the Council to highlight the proposed changes to employee terms and conditions
- Variation comparison to identify any aspect of the terms and conditions that the Council is not willing to accept.
- Equalities Impact Assessment of staff in scope
- Pensions – the situation regarding the employees' pension rights and if appropriate what arrangements would be made to preserve existing pension rights.
- Any possibility of Redundancy due to Economic, Technical or Organisational (ETO) reasons
- CNWL Trade union recognition agreements – the Council will usually inherit the recognition agreement if not in house already

To effectively manage these HR implications, it is necessary to ensure that the same or no less favourable terms and conditions are maintained. Both CNWL and the Council need to adequately inform and consult with employees and their representatives at the earliest stage as possible in view of reaching agreement as to

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the proposed changes. Above all, to ensure the transfer process is managed in a fair and equitable manner.

Trade Unions and the staff in scope for transfer to a new employer have been informed of the implied change and the indicative timeframe, including that further clarity of their future employment position is pending the outcome of the Cabinet decision.

The actual HR resourcing cost to ASC cannot be determined at this stage until the above are known. These will include resourcing cost (National Insurance/Pensions Schemes, etc.) as the staffing group for ASC increases in size, which will impact the ASC finance budget.

If any employee in scope chooses to resign, this in effect may lead to a new recruitment cost. In addition, after the transfer has been completed, there may be redundancy and other associated cost, if Economic, Technical or Organisational (ETO) reasons are identified, which may warrant restructure, and affected individuals with two years or more continuous service would need to be paid.

### **HR transfer process and timeframe**

There is no fixed timeframe required in which to complete the staff transfer. However, enough time must be allowed to inform and fully consult with employees and their representatives before the transfer can take place. It should be noted that it is best practice to also inform and/or consult with the Council's trade unions and the ASC service area that the employees would be joining.

### **13. Impact on the Council's statutory duties**

The Council under the Mental Health Act 1983 has a legal duty to both assess and provide for services that address the mental well-being for the population of Harrow. The Care Act 2014 requires that all unpaid carers are offered an assessment to determine what support they require to maintain their caring role. Since 2016 these functions have been delivered on behalf of the Council by the strategic partner CNWL Foundation Trust.

This also provides the opportunity to review how partnership working with CNWL as the local provider for acute mental health provision, could be redesigned with regards the national agenda for whole systems approach to integrated preventative community based services.

The new in-house model of service delivery will be aligned with the adult social care model of support for anyone with mental ill health, underpinned by Care Act principles and delivered from a strength based model of intervention which starts from the principle of identifying the support or skills the individual already has access to.

### **14. Future service quality assurance**

The recommendation that the Council resumes full responsibility for the delivery of statutory functions for community mental health services, will enable the authority to

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ensure the same standards and procedures are applied to community mental health services as for existing -in-house services.

Council officers will provide the scrutiny and oversight throughout the transition period, to ensure that an acceptable level of assurance on quality of delivery and outcomes for clients will be maintained as services and staff are transferred.

It is envisaged that upon completion of the transfer, the opportunity to improve the quality of social work practice, the increased promotion of independence through focussed interventions, and the integration with community and voluntary sector services will be significant.

An EQIA has been undertaken to assess any potential impact from the proposed changes in service delivery. The EQIA is at Annexe 2. The assessment indicated that for each of the groups with protected characteristics (clients or staff) there would either be no impact or in fact a positive impact as a result of the significant benefits that can be achieved from moving to a strength based model that is focused to maximise independence, choice and control for individuals over significant life decisions.

The EQIA is a live document that will be monitored and refreshed throughout the transfer process. A senior multi-agency leadership group will monitor care pathways, service performance and outcomes against an agreed set of metrics. This approach is proven within the provision of the Integrated Learning Disability service which ensures open dialogue continues between both partners.

#### **15. Factors that will have an impact on the success of the service transfer**

A programme management approach is being applied to both the planning and implementation of the changes, which will ensure the effective co-ordination and timing for each stage of the process.

The joint workplan agreed by the Council and CNWL ensures that the key areas such as workforce/HR, referral pathways, information sharing and data recording requirements, caseload management and safeguarding are addressed in a timely manner. This includes the consideration of shadow working arrangements during the implementation phase, to check that the new framework for service delivery is robust and complete.

Once the cabinet decision has been made, a co-production approach will be adopted working with staff and citizens to develop the details of the new operational delivery model.

#### **16. Impact on the ASC department**

There will be a requirement to grow the capacity of existing ASC functions to accommodate the mental health services e.g. Brokerage and quality assurance. This will be managed through the transfer of financial resources currently contained within the existing contract arrangements with the Trust and be closely monitored by the S75 Decommissioning Executive Board members for any wider implications as the work progresses.

#### **17. Impact on the Harrow community**

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The programme workplan will take account of feedback from existing services citizens and unpaid carers on the service improvements they would wish to see to current arrangements.

This summary assessment indicates that the recommended option will provide the greatest flexibility on addressing the concerns of the local mental health community with regards a new service delivery model, and will work to reduce inequalities through the way that the Care Act is applied going forward to reach those with protected characteristics.

Furthermore, consideration will be given in planning the service location requirements to enable access to support for clients closer to home rather than from a centralised location.

### **18. Added value to the Council**

The added value to the Council from the new arrangements is an enhancement to the current service offer based on a greater understanding of both the local community at a place level, and through the ability to apply a fuller understanding of social care responsibilities to delivery of the requirements of the Care Act 2014.

It will provide greater synergy with the service approach and overarching vision for adult social care services in Harrow.

The proposal also reflects the council's values in relation to community benefits and in particular

- Promote employment opportunities for Harrow residents
- Promote training, skills development and learning opportunities for Harrow residents

Each of these aspects will be measured by monitoring the satisfaction of staff, citizens and unpaid carers, through enabling a wider segment of the local population to gain access to support in a timely way.

### **19. Impact on strategic partnerships**

The termination of the S75 arrangements enables the Council to form new alliances as part of the Harrow Borough Based partnership. The recommended option will enable the Mental Health social care team to form new collaborative working arrangements with colleagues in Housing, Children's services, Primary care and the Voluntary sector.

In the future there is anticipated to be new opportunities as part of the West London Alliance to jointly commission supported accommodation providers from 2023, and to consider other options based on economy of scale to commission mental health support services at a northwest London sector level.

### **20. Overall impact on Council's assets (people, property and finance)**

The recommended change in service management arrangements enables the service to be fully aligned with the vision and principles of adult social care, in terms

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of a strength based approach provided to residents in the right place and at the right time. It also allows for closer management and scrutiny of the deployment of commissioning resources to meet changing demand for external supported accommodation services.

It provides holistic support for staff working within a non-medical approach that promotes their development as social care professionals.

The location for both public access and the staff work base will be considered as part of a localised community based service offer.

## Annexe 1: Summary of the main Benefits and Risks of each Option

Option	Rationale	Benefits	Risks
Option1 : <b>Do Nothing</b>	Renegotiate current contract arrangements to agree to NHS terms, if CNWL agree to withdraw termination notice.	<ul style="list-style-type: none"> <li>No change for service users or staff</li> </ul>	<ul style="list-style-type: none"> <li>Risk to the council of delegated care act functions not being fully delivered</li> <li>Financial risk of increasing placement overspend</li> <li>Continued lack of quality assurance of supported accommodation provision</li> </ul>
Option 2: <b>Insource services to ASC</b>	Improved ability to ensure full Care Act and safeguarding compliance. To ensure safe delivery of statutory duties and alignment to council ASC priorities and vision.	<ul style="list-style-type: none"> <li>Standardisation of QA within local authority protocols</li> <li>Ability to flex service to meet changing needs</li> <li>Greater control of placement and staffing costs</li> </ul>	<ul style="list-style-type: none"> <li>Loss of staff wishing to retain NHS status</li> <li>Incompatibility between NHS and LA data recording systems requires extensive migration</li> </ul>
Option 3 : <b>Commission a new service provider</b>	Specialist mental health knowledge in assessment and support functions	<ul style="list-style-type: none"> <li>Proven track record in direct mental health service provision</li> </ul>	<ul style="list-style-type: none"> <li>Lack of market interest</li> <li>Lack of adequate time or resources to procure</li> <li>Potential increase in contract cost</li> <li>Lack of local community knowledge or investment</li> </ul>

## Annexe 2: Equality Impact Assessment (EqIA) November 2018



### You will need to produce an Equality Impact Assessment (EqIA) if:

- You are developing a new policy, strategy, or service
- You are making changes that will affect front-line services
- You are reducing budgets, which may affect front-line services
- You are changing the way services are funded and this may impact the quality of the service and who can access it
- You are making a decision that could have a different impact on different groups of people
- You are making staff redundant or changing their roles

Guidance notes on how to complete an EqIA and sign off process are available on the Hub under Equality and Diversity. You must read the [guidance notes](#) and ensure you have followed all stages of the EqIA approval process (outlined in appendix 1). Section 2 of the template requires you to undertake an assessment of the impact of your proposals on groups with protected characteristics. Equalities and borough profile data, as well as other sources of statistical information can be found on the Harrow hub, within the section entitled: [Equality Impact Assessment](#) - sources of statistical information.

## Equality Impact Assessment (EqIA)

<b>Type of Decision:</b>	<input checked="" type="radio"/> Cabinet <input type="radio"/> Portfolio holder <input type="radio"/> Other (state)	
<b>Title of Proposal</b>	Decommissioning of s75 contract with Central North West London Foundation Trust	<b>Date EqIA created 05-08-2022</b>
<b>Name and job title of completing/lead Officer</b>	Natasha Ramchurn Head of Mental Health	
<b>Directorate/ Service responsible</b>	Adult social care	
<b>Organisational approval</b>		
<b>EqIA approved by Directorate Equalities Champion</b>	<b>Name</b> Shumaila Dar Head of Equality, Diversity and Inclusion	<b>Signature S.Dar</b> <input checked="" type="checkbox"/> <b>Tick this box to indicate that you have approved this EqIA</b>  <b>Date of approval</b> 22 September



**1. Summary of proposal, impact on groups with protected characteristics and mitigating actions**  
(to be completed **after** you have completed sections 2 - 5)

**a) What is your proposal?**

In January 2022, the council's strategic partner in the delivery of mental health services -CNWL NHS Foundation Trust, announced its decision to end the current partnership arrangements delivered through S75 delegated functions during the 2022-23 financial year.

As the provision of these services is a statutory requirement for the Local Authority under the Mental Health Act 1983 and Care Act 2004, an alternative arrangement needs to be sourced to ensure continuity of service provision through the seamless transfer of service delivery responsibility and management.

The proposal is to plan for the transfer of both service and employment responsibility to within Adult Social Care during 2022-23

**b) Summarise the impact of your proposal on groups with protected characteristics**

The proposal to transfer service and staff management responsibilities for the statutory social care and Care Act compliance elements of mental health service provision, is expected to have an overall positive impact on groups with protected characteristics by addressing any inequalities around access and delivery of support as part of the development of the new service operating model.

This equalities assessment will be kept under review throughout the transfer planning and post-service transfer. Changes to the clients' care assessment process will also be implemented to evidence and address any inequalities identified with regards access or provision.

**c) Summarise any potential negative impact(s) identified and mitigating actions**

This EQIA will be kept under review throughout the service transfer process to review for any potential negative impact and deliver the mitigating actions required.

2. Assessing impact		What does the evidence tell you about the impact your proposal may have on groups with protected characteristics? Click the relevant box to indicate whether your proposal will have a positive impact, negative (minor, major), or no impact			
You are required to undertake a detailed analysis of the impact of your proposals on groups with protected characteristics. You should refer to <a href="#">borough profile data</a> , <a href="#">equalities data</a> , service user information, consultation responses and any other relevant data/evidence to help you assess and explain what impact (if any) your proposal(s) will have on <b>each</b> group. Where there are gaps in data, you should state this in the boxes below and what action (if any), you will take to address this in the future.					
Protected characteristic	For <b>each</b> protected characteristic, explain in detail what the evidence is suggesting and the impact of your proposal (if any). Click the appropriate box on the right to indicate the outcome of your analysis.	Positive impact	Negative impact		No impact
			Minor	Major	
Age	<p>CNWL currently supports people aged 18-65. In comparison, in the borough population(ONS, 2017), a fifth of the population is under 16. 63.7% are working-age adults and 15.4 % are 65 or over. In line with the national data there continues to be an increase in older people and an expectation that by 2031, over 65s will increase to 41% and over 85s will increase by 31% (ONS, 2014).</p> <p><b>Impact:</b></p> <p><b>The new arrangements will continue to support service users aged between 18-65 and these clients will have access to care and support under the Care Act 2004.</b></p> <p><b>It is considered unlikely that the proposal will lead to a differential impact for people based on this protected characteristic.</b></p> <p><b>The development of the new ASC operating model will consider and respond to issues around accessibility for this group, both in terms of physical location and alternatives to digital contact.</b></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<p>According to ONS (2018) data, 9.6 % of Harrow’s working-age population classify themselves as disabled, a total of 23,900. 5150 individuals, 2.2% of the total adult population receive a disability living allowance (ONS, 2018). 8.5% of Harrow’s working age population have mental health problems</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<p><b>Impact:</b></p> <p>The new service arrangements will continue to support mental health service users aged between 18-65 with both associated physical disability and mental ill-health and these clients will continue to have access to care and support under the Care Act 2004 and access these services under one roof.</p> <p>It is considered unlikely that this proposal will lead to a differential impact for people based on this protected characteristic.</p> <p>The development of the new ASC operating model will consider and respond to issues around accessibility for this group, both in terms of physical location and alternatives to digital contact.</p>				
<p><b>Gender reassignment</b></p>	<p>There is currently no data recorded on clients with regards this protected characteristic.</p> <p><b>Impact:</b></p> <p>The proposal will aim to support and serve service users regardless of their gender reassignment.</p> <p>It is considered unlikely that the proposal will lead to a differential impact for people based on this protected characteristic. However, the assessment framework developed under the new arrangements will ensure that data is recorded for this group to evidence and address any inequalities in terms of access or service offer.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Marriage and Civil Partnership</b></p>	<p>According to the ONS (2017), 54 % of Harrow residents are married, the highest level in London. As of 31st December 2016, there have been 142 civil partnerships in Harrow, 19 have been converted into marriage. There have been 32 same-sex marriages since its inception on 29th March 2014.</p> <p>According to CNWL data, 53% of service users classify themselves as single, 11 % of service users classify themselves as married, and 23% of service users do not disclose their marital status.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<p><b>Impact:</b></p> <p><b>The proposal will aim to continue to support service users with a mental illnesses regardless of their marriage and civil partnership.</b></p> <p><b>It is considered unlikely that the proposal will lead to a differential impact for people based on this protected characteristic.</b></p>				
<p><b>Pregnancy and Maternity</b></p>	<p>In 2017, there were 3695 live births to mothers living in Harrow, representing 14.8% live births per population, higher than the London rate of 14.3 (ONS, 2017).</p> <p>According to CNWL data, 3% of these mothers are known to Perinatal Mental Health Services.</p> <p><b>Impact:</b></p> <p><b>The proposal will aim to support service users regardless of their pregnancy or maternity status.</b></p> <p><b>The development of the new operating model will ensure that there will be clear care pathways between services developed to ensure that this group continues to receive a holistic service approach to the mother and child, and enhanced through closer working proximity with Harrow Children and family services</b></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Race/  
Ethnicity**

This information was obtained from the Council’s Race Equality report (Oct 2021) and findings from our Workforce Profile. The most recent iteration of the council’s Workforce Profile shows that around 43% of our workforce are white, compared to 25% that are Asian and 16% who are Black. It is clear, that currently, the council’s workforce does not fairly reflect our resident population.

<b>Ethnicity</b>	<b>Resident population</b>	<b>Workforce</b>
<b>White</b>	37%	43%
<b>Asian</b>	44%	25%
<b>Black</b>	7%	16%
<b>Multi-heritage</b>	3%	3%

*Figure 1. Harrow’s staff profile compared to the resident population*

This additional column, reporting on Mental Health service users by ethnicity suggests that our (overall, not just social care) workforce does much more closely match the proportion of service users with Mental Health needs (with the exception of multi-heritage).

<b>Ethnicity</b>	<b>Resident population</b>	<b>Workforce</b>	<b>Service Users with MH need</b>
<b>White</b>	37%	43%	42%
<b>Asian</b>	44%	25%	23%
<b>Black</b>	7%	16%	20%
<b>Multi-heritage</b>	3%	3%	8%



	<p><b>Equalities and Mental Health</b></p> <p>The difference in receiving eligible services/reablement for new White British Vs BaME citizens has also been considered.</p> <p>Based on the previous DoH measure of equality of access, a range of 0.9-1.1 was considered 'good'. Scores above 1 indicate that white British clients are more likely to receive support than BaME clients. Scores below 1 show the opposite.</p> <p>CNWL measurements in 2021-22 were between 0.95 and 1.15 for the previous year. This indicates that the community service may currently be slightly biased towards white clients being more likely to receive support following an assessment.</p> <p>The local data suggests that while there is only a small difference in the chance of receiving support once assessed, many fewer Asian, and many more Black and Multi-heritage service users are being supported for mental health needs than the resident population would suggest.</p> <p>This would support the prevalence of mental health problems being higher for people in Black and Multi Heritage groups but does not explain the low proportion of Asian long-term service users in receipt of support, which may be due to lower rates of referral to the service. (Race Equality Foundation report (2020))</p>				
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	<p><b>Impact:</b></p> <p>The proposal will aim to continue to support service users regardless of their race/ethnicity. All service users will have the same access to mental health social care.</p> <p>As part of developing the new operating model, further analysis and recommendations deriving from the data above, are required to ensure there is no difference between white and BaME service users receiving support.</p> <p>Recruitment and retention will also be considered to ensure that the ethnic diversity of the workforce reflects that of the Harrow population.</p>				
<p><b>Religion or belief</b></p>	<p>Religion affiliation is high in Harrow, with Harrow having the 2<sup>nd</sup> lowest number of residents who stated they have no religion. In the 2011 Census, Christianity was ranked as the common number of followers with 37% (59% nationally). Hinduism is the second most common religion and ranked highest nationally. Harrow has the highest proportion of Hindus, Jains and Unification churches in London and the second highest for Zoroastrianism.</p> <p>CNWL does not currently collate data on this protected characteristic</p> <p><b>Impact:</b></p> <p>The proposal will aim to continue to support service users regardless of their religion or belief. It is considered unlikely that the proposal will lead to a differential impact for people based on this protected characteristic. However, the assessment framework to be established under the new arrangements will ensure that data is recorded for this protected characteristic to evidence and address any inequalities in terms of access or service offer.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>Sex</b></p>	<p>According to the ONS (2017), 49.9% of Harrow’s population is Male compared to 50.1% which are female.</p> <p>In comparison with CNWL data, there is 44% male service users and 56% are female in Harrow Mental Health hubs.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<p><b>Impact:</b></p> <p><b>The proposal will aim to continue to support service users regardless of their sex.</b></p> <p><b>It is considered unlikely that the proposal will lead to a differential impact for people based on this protected characteristic.</b></p>				
Sexual Orientation	<p>According to CNWL’s data, sexual orientation is underreported; 44% have identified as being heterosexual, 2% identified as being LGBT, 41 % sexual orientation has not been recorded, and 13% prefer not to say.</p> <p><b>Impact:</b></p> <p><b>The proposal will aim to continue to support service users regardless of their sexual orientation.</b></p> <p><b>It is considered unlikely that the proposal will lead to a differential impact for people based on this protected characteristic.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2.1 Cumulative impact – considering what else is happening within the Council and Harrow as a whole, could your proposals have a cumulative impact on groups with protected characteristics?**

Yes                      No   

If you clicked the Yes box, which groups with protected characteristics could be affected and what is the potential impact? Include details in the space below

**2.2 Any other impact - considering what else is happening nationally/locally (national/local/regional policies, socio-economic factors etc), could your proposals have an impact on individuals/service users, or other groups?**

Yes                      No



If you clicked the Yes box, Include details in the space below

### 3. Actions to mitigate/remove negative impact

**Only complete this section if your assessment (in section 2) suggests that your proposals may have a negative impact on groups with protected characteristics. If you have not identified any negative impacts, please complete sections 4 and 5.**

In the table below, please state what these potential negative impact (s) are, mitigating actions and steps taken to ensure that these measures will address and remove any negative impacts identified and by when. Please also state how you will monitor the impact of your proposal once implemented.

State what the negative impact(s) are for <b>each</b> group, identified in section 2. In addition, you should also consider and state potential risks associated with your proposal.	Measures to mitigate negative impact (provide details, including details of and additional consultation undertaken/to be carried out in the future). If you are unable to identify measures to mitigate impact, please state so and provide a brief explanation.	What action (s) will you take to assess whether these measures have addressed and removed any negative impacts identified in your analysis? Please provide details. If you have previously stated that you are unable to identify measures to mitigate impact please state below.	Deadline date	Lead Officer

#### 4. Public Sector Equality Duty

How does your proposal meet the Public Sector Equality Duty (PSED) to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
2. Advance equality of opportunity between people from different groups
3. Foster good relations between people from different groups

**The proposal to return the delivery and management of mental health social care assessment and care planning services to the Council will enable parity for these services in response to the Public Equality Duty in line with the current ASC portfolio.**

**As part of the service transfer, the introduction of process changes regarding the recording and monitoring of outcomes from any contact with the service for resident groups with protected characteristics, will enable the service to identify and address any inequalities of opportunity for these groups.**

**In addition, the development of a local alliance partnership as the next stage will establish new links with and between the various faith and community groups in Harrow, who will come together to jointly provide a new coordinated network of support for residents with mental ill-health.**

#### 5. Outcome of the Equality Impact Assessment (EqIA) click the box that applies

Outcome 1

**No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality of opportunity are being addressed**

Outcome 2

**Adjustments to remove/mitigate negative impacts identified by the assessment, or to better advance equality, as stated in section 3&4**

Outcome 3

**This EqIA has identified discrimination and/ or missed opportunities to advance equality and/or foster good relations. However, it is still reasonable to continue with the activity. Outline the reasons for this and the information used to reach this decision in the space below.**

Include details here N/A

