Termination of the Section 75 arrangement between Surrey County Council and Surrey and Borders Partnership NHS Foundation Trust

Did you use the EIA Screening Tool?

No

1. Explaining the matter being assessed

Is this a:

- Change to a service or function

Summarise the strategy, policy, service(s), or function(s) being assessed. Describe current status followed by any changes that stakeholders would experience.

Background

- Surrey County Council Adult Social Care (SCC ASC) and Surrey and Borders Partnership NHS Foundation Trust (SABP) currently work in partnership under a S75 agreement (Health Act 2000) which formalises the integrated provision and commissioning of mental health services for adults (aged 18 and over) with mental health and/or substance misuse needs and their carers. This agreement has been in place since 2012.

- At present mental health adult social care is provided within the secondary mental health services of SABP only. (**Secondary care** simply means being taken care of by someone who has particular expertise in whatever problem a patient is having. It's where most people go when they have a health problem that can't be dealt with in primary care because it needs more specialised knowledge, skill or equipment than the GP has. It's often provided in a hospital. The GP will decide what kind of specialist the patient needs to see and contact them on the patient's behalf to get them an appointment – this is called a 'referral')

- On 11 April 2019 SABP were formally notified of SCC's intention to terminate this agreement.The transfer of staff and cases commenced on 11 November and was concluded on 2 December 2019.

  Why does this EIA need to be completed:

- The termination of the S75 agreement represents a significant change. Whilst there is no changes to the terms and conditions of workers, it substantially changes the management of staff by re-assigning them to SCC and ensuring a (re) focus on ASC statutory duties and strategic priorities. It will also entail the re-allocation of approximately 1,500 cases from SABP to either ASC management exclusively or to joint management between ASC and SABP. An EIA is necessary to ensure that any changes made are assessed against the needs and requirements of all those with protected characteristics. It should be noted that terms and conditions of employment are unaffected.

- SCC has little data with regards to social care performance under the current S75 arrangements. To ensure equity of access to adult social care services for people (aged 18 and over) with mental health and/or substance misuse needs and their carers, we must have in place robust protocols and processes for recording, information governance and information sharing. We need to ensure SCC has access to quality data and assurance that all statutory responsibilities are being fulfilled for this group of people with protected characteristics around disability (mental health, substance misuse) and their carers. 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 facilitates more accurate data collection of demographics including characteristics under the Equalities Act (2010) with particular reference to those receiving adult social care for mental health problems.

- Nationally there are a number of reasons why we are making this change, and why, therefore an EIA is required. These include:
  - Review of the Mental Health Act
  - New National Framework for Community Mental Health Support, Care & Treatment for Adults and Older Adults
  - NHS Five Year Forward View and 10 year plan
  - Development of Integrated Care Systems

- Locally, there are also a number of strategic initiatives and challenges that underpin this approach:
  - Care Act implementation from April 2015
  - Local Government Association Review of Department
  - Social Care Institute for Excellence Improvement Plans
  - A.D.A.S.S. Review (South East Region) of Social Work in Mental Health
  - Current Section 75 Arrangements
  - SABP Transformation Programme

- Individuals and carers referred to integrated mental health services do not consistently receive an assessment of their social care needs. Therefore, individuals and carers who have eligible social care needs and protected characteristics may not be having their needs met. The prevention and wellbeing provisions within the Care Act are also not consistently being considered or provided for individuals nor carers within the service.

- Currently, of the approximately 6,000 clients supported by SABP, only 25% have eligible social care needs – as confirmed through a desk top review exercise conducted by our mental health staff. We estimate, therefore, that around 75% of our available staff care and support are being directed to work that does not come within our statutory responsibilities under the Care Act.

- The termination of the S75 agreement will enable social care staff to focus on social care statutory responsibilities resulting in people with mental health needs and their carers to have more equitable access to social care services: Protected groups will benefit from better quality and personalised assessments and support plans that promote independence and wellbeing.

- National statistics indicate that one in four people will experience a diagnosable mental health condition in any given year. With the right advice, guidance and information, at the right time, in line with the wellbeing principles of the Care Act people experiencing mental health problems are usually able to make full recoveries.

Evidence gathered to support this EIA:

- Our own, internal, analysis of performance highlights disparities in performance between locality teams and mental health teams that *suggest* that there is scope, once teams return to ASC, to drive up performance. Though we recognise that this is not a like for like comparison we can see in the key area of reviews/assessments, for example, a significant disparity in performance:
- Reviews – MH Team % of open cases reviewed / assessed in the last 12 months – 32%
- Reviews – ASC Team % of open cases reviewed / assessed in the last 12 months – 71%
- National data shows there is a considerably higher prevalence of mental health problems among the population than those diagnosed or receiving treatment – in large part due to the stigma that can make it harder for people to seek help from services.
- Mental illness has wide-reaching effects on people's education, employment, physical health, and relationships. Although many effective mental health interventions are available, people often do not seek the help they need due to the various types of stigma that still surround mental illness.
- Often the stigma that surrounds mental health can make it harder for people to seek help from services, hence the importance of widely available self-help information and anti-stigma interventions.
- Nationally there has been a rise in detentions under the MH Act and Surrey is in line with this national picture.
- Care Quality Commission carried out a study to try to understand and explain trends within mental health.

- Key points include:
  - 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

- Recent research entitled *Mental Health Integration Past, Present and Past* was published by Emad Lilo (national AMHP lead) 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. Underpinning this change is the conviction that social workers deployed within mental health community teams are not always focussed on social work, and that those teams do not prioritise the statutory duties placed on local authorities by the Care Act 2014. (Lilo *et al* 2014)

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 overreliance on costly residential and institutional care, minimizing resilience
- Significant challenges delivering on the duties of the Care Act (2014)
- Inability to obtain performance data
- Inability to manage the budget
- Limited identification and assessment of carers
- Increasing demand from an ageing population
  These issues affect all of the groups listed below and appertain to mental health clients across the full demographic range.

- Dr Karen Lind has been leading work for ADASS across 60 councils and 6,000 social workers to look at better social work in mental health, she is also finishing a thematic review for ADASS across authorities in the South East.
- In her regional report some of the key messages, relevant to this EIA, are:

  - Evidence of role drift, loss of social work identity and poor experiences.
  - Concerns about the NHS management capacity, oversight, use and targeting of the SW resource away from the delivery of statutory functions especially the Care Act.
  - Difficulties with devolved governance and reporting on performance.
  - Lack of confidence in the current CMHT model as a mechanism for delivering preventative and community centred care.
  - Aspirations to align the MHSW resource with transformations towards strength based services.
  - Cost pressures and efficiencies
  - Unsustainable AMHP arrangemen

How does your service proposal support the outcomes in the Community Vision for Surrey 2030?

- Everyone gets the health and social care support and information they need at the right time and place
- Communities are welcoming and supportive of those most in need and people feel able to contribute to community life

Are there any specific geographies in Surrey where this will make an impact?

- County-wide

Assessment team – A key principle for completing impact assessments is that they should not be done in isolation. Consultation with affected groups and stakeholders needs to be built in from the start, to enrich the assessment and develop relevant mitigation.

Detail here who you have involved with completing this EIA. For each include:

- N/A

2. Service Users / Residents

Who may be affected by this activity?

There are 9 protected characteristics (Equality Act 2010) to consider in your proposal. These are:

1. Age including younger and older people
2. Disability
3. Gender reassignment
4. Pregnancy and maternity
5. Race including ethnic or national origins, colour or nationality
6. Religion or belief including lack of belief
7. Sex
8. Sexual orientation
9. Marriage/civil partnerships

Though not included in the Equality Act 2010, Surrey County Council recognises that there are other vulnerable groups which significantly contribute to inequality across the county and therefore they should also be considered within EIAs. If relevant, you will need to include information on the following vulnerable groups (Please **refer to the EIA guidance** if you are unclear as to what this is).

- Armed forces
- Carers
- Digital exclusion
- Domestic abuse
- Education (literacy)
- Homeless
- Looked after children
- Rural/urban areas
- Socioeconomic disadvantage incl. young people out of work
- People with addiction or substance misuse problems
- People on probation
- Prison population
- Migrants, refugees, asylum seekers
- Sex workers
- Other (describe below)

Consider the following specific priority populations (as noted in the Surrey Health and Wellbeing Strategy) within your EIA in the suggested sections:

- Young carers – Carers
- Care leavers – Looked after children
- Children with Special Educational Needs and Disabilities – Disability
- Adults with learning disabilities – Disability
- Adults with long term health conditions, disabilities and/or sensory impairment(s) – Disability
- People with Serios Mental Illness – Disability
- Older people 80+ and those in care homes – Age
- Gypsy, Roma and Traveller communities – Race

Disability

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

Based on the Adult Psychiatric Morbidity Survey (2007) and Office for National Statistics (ONS) mid-year 2012 resident population estimates, there are an estimated 211,949 people aged 16+ in Surrey who meet the criteria or who screened positive for one or more psychiatric conditions (46% male, 54% female). Of these, 25,802 are estimated to have 3 or more conditions (43% male, 57% female).

The projected rise in the adult population in Surrey and the ageing population is likely to lead to an increase in the prevalence of mental health problems and in turn increased use of services.

(Sources: SCC ACWC MHS report 2017)

Potential positive impacts:

- By placing Mental Health back in a locality team setting we are better able to place an emphasis on addressing both mental and physical health in a holistic fashion
- Ability to address mental health needs for people with a physical disability which may be have had an impact on their health and wellbeing e.g. social isolation, anxiety, depression.
- Individuals/carers will get a comparable social care assessment as those referred directly to adult social care locality teams.
- Improved access to adult social care and outcomes for individuals and carers
- The provisions within the Care Act will be consistently applied, including the prevention and wellbeing aspects of the Care Act, for individuals and carers within the mental health service.

Potential negative impacts:

- If more people approach ASC, this may stretch the capacity of social care staff to meet demand and there may be a delay in responding.
- Risk of individuals receiving multiple assessments or of falling in a gap between social care and health care services.

Supporting evidence for these identified impacts:

- At this stage the impact of these changes in terms of the number of referrals is difficult to anticipate. The project has inbuilt review points that will assess whether changes are required to meet demand.
- Greater consistency to the quality of social care assessment and support to people with mental health and social care needs as only trained ASC staff will be completing these assessments.
- Enhanced social care outcomes for people with mental health social care support needs as the service user will be offered personalised support to meet need in a more flexible way that is outcome and recovery focussed.
- Improved assurance re safeguarding responses – more robust oversight and ownership of safeguarding cases and costed packages

- Those living with both a mental and physical disability should receive a more streamlined approach to having social care needs met with improved signposting to relevant services such as equipment and adaptations
- Improved recording and use of SCC systems will ensure better performance data to support service improvements -
- e.g. the systems and processes support the ability to report on the total number of Mental Health service.
- Surrey has a slightly higher excess mortality rate in adults with serious mental illness. Poor mental health can lead to a poor lifestyle and increased risk taking behaviours such as excessive drinking, smoking, poor nutrition and lack of exercise. These are risk factors for serious physical illness, particularly coronary heart disease and cancers. The prevalence of these modifiable risk factors is much higher for people with mental health problems and increases with the severity of the mental health problem
- People with common and more serious mental health needs have lower life expectancy and a 0.7 and 3.6 times higher mortality rate (respectively), than those without mental health needs. People with schizophrenia and bipolar disorder die an average 15-20 years earlier than the general population – they have 4.1 times overall risk of dying prematurely; have 3 times the risk of dying from Coronary Heart Disease (CHD) and a 10 fold increase in respiratory disease deaths.
- People with 1 long term condition are two to three times more likely to develop depression; people with 3 or longer term conditions are seven times more likely. (Source: JSNA). Increasing evidence suggests that people with disabilities experience poorer levels of health than the general population (WHO 2011 World Report on Disability).
- Currently, of the approximately 6,000 clients supported by SABP, only 25% have eligible social care needs – as confirmed through a desk top review exercise conducted by our mental health staff. We estimate, therefore, that around 75% of our available staff care and support are being directed to work that does not come within our statutory responsibilities under the Care Act. Once staff are re-assigned to SCC this will ensure a (re) focus on ASC statutory duties and strategic priorities.
- The local independent mental health network, which is the independent voice of people with mental health needs and their carers, has been involved from the start and endorsed the approach to review the s75 agreement to enable social care staff to focus on social care functions and duties under the Care Act.

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- Referrals

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

- There are a number of initiatives that will directly, and indirectly impact upon mental health staff. These include – but are not limited to – practice improvement, strength based practice, the restructure of reablement services and the review of Accommodation with Care & Support.

Any negative impacts that cannot be mitigated?

- N/A

Race

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

The Data visualisation shows that Black males are more likely to be diagnosed with a psychotic disorder; Asian Females are more likely to be diagnosed with a common mental health disorder (CMD) and white females and other mixed and multiple ethnic groups are more likely to experience suicidal thoughts.

The majority of the Surrey adult population (83.5%) reported their ethnic group as “White British” in the 2011 Census; other white ethnic groups; “Irish, “Gypsy or Irish Traveller” and “Other White” (6.9%), then “Indian” (1.8%) followed by Pakistani (1.0%). Surrey has a significantly lower than England percentage of mixed/multiple 2.08.2.25, Asian or Asian/British 5.6 vs 7.8, Black of Black/British 1.1 vs 3.5 and other ethnic groups 0.8 vs 1.0 (2011) and ranks 3rd highest among its Chartered Institute of Public Finance and Accountability neighbours (CIPFA range: 2.5 – 14.6) (35). For other ethnic highest among its CIPFA nearest neighbours. Hence. Surrey likely to have more ethnic groups suffering with mental health issues.

Although Surrey has a significantly lower rate of migrant GP registrations per 1 000 than England 11.2 vs 12.6 (2015) (36) , the rate is the third highest of all its CIPHA neighbours (CIPFA range: 4.8 – 21.2, significantly higher than most of its neighbours).

(Sources: Surreyi Joint Strategic Needs Assessment)

Potential positive impacts identified:

- National data suggests that rates of mental health disability vary by ethnicity. Currently – in part due to the delegation of service provision to SABP – we lack detailed, localised, data upon which to base any remedial action in this regard. We anticipate, however, that as this data becomes available we will be able to tailor services accordingly and to do this as part of a coordinated action plan

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- Processes will be put in place to capture this data.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

- N/A

Any negative impacts that cannot be mitigated?

- N/A

Equality Impact Assessment

Carers

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

Surrey has a significantly higher percentage of carers of clients with mental health problems receiving community services – advice or information. Surrey has a significantly higher rate (per 100 000) of assessments for carers of adults with a mental health condition than England (76.7 vs 64.3) and the fifth highest rate among its 15 CIPFA nearest neighbors (CIPFA range: 5.4 – 184.7)

(Source: Surreyi Joint Strategic Needs Assessment)

Potential positive impacts:

- Greater Care Act compliance should mean that services are more accessible to carers including access to carers' assessments.
- Routine use of SCC recording monitoring systems should ensure that needs and trends relating more specifically to carers are better captured, understood and responded to.

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- N/A

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

- N/A

Any negative impacts that cannot be mitigated?

- N/A

3. Staff

All staff

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

Potential positive impacts:

- ASC MH Workers will be more included in the wider ASC transformational journey whilst retaining their mental health specialism and professional identity
- Clearer roles and responsibilities – workers able to focus on social care responsibilities
- There will be investment in staff training and development to support them to work within the legislative framework of adult social care
- The review plans to move to one system for ASC recording which will reduce any current confusion and duplicative recording in two systems.
- Clearer process for line management and supervision
- Social Care staff to lead on roles outlined by the Professional Capability Framework for social workers in mental health services. Social workers will not be expected to undertake roles for which they have not received training or where the function is not a requirement of their professional role.

Potential negative impacts:

- There may be some level of uncertainty for staff during any change process which may cause some staff to suffer anxiety or stress.
- Possible negative impact of change on wider staff retention and staff morale.
- There could be an increase in social care demand which could put a strain on support capacity and impact resources required to fulfil other tasks.
- Potential for duplication of work of social care and health staff
- Potential loss of skills for individual workers if their roles are narrowed
- Those on long term sick or maternity leave may feel remote from the communications and discussions taking place and may not adequately be consulted.

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- Bringing staff back under ASC means that SCC HR processes will be routinely adhered to in regard to leave, sickness etc. It will also ensure consistency with other SCC staff in terms of supervision and performance monitoring.
- Staff reference group set up as well as a series of staff engagement events.
- Frontline staff and/or senior managers represented on each of the seven project workstreams.
- As far as is practicable we have worked with teams and individuals to ensure all reasonable adjustments required to workplaces are met.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

- N/A

Any negative impacts that cannot be mitigated?

- N/A

4. Recommendation

Based your assessment, please indicate which course of action you are recommending to decision makers. You should explain your recommendation below.

- **Outcome One: No major change to the policy/service/function required.** This EIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken
- **Outcome Two: Adjust the policy/service/function** to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?
- **Outcome Three: Continue the policy/service/function** despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are:
  - Sufficient plans to stop or minimise the negative impact
  - Mitigating actions for any remaining negative impacts plans to monitor the actual impact.
- **Outcome Four: Stop and rethink the policy** when the EIA shows actual or potential unlawful discrimination. (For guidance on what is unlawful discrimination, refer to the Equality and Human Rights Commission's guidance and Codes of Practice on the Equality Act concerning employment, goods and services and equal pay).

Recommended outcome:

Outcome One: No major change to the policy/service/function required. This EIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken

Explanation:

N/A

5. Action plan and monitoring arrangements

Insert your action plan here, based on the mitigations recommended.

Involve you Assessment Team in monitoring progress against the actions above.

Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/Notes	Open/ Closed
1						
2						
3						

6a. Version control

Version Number	Purpose/Change	Author	Date
V.2	Changes made following attendance at DEG	Patrick Lines	30/09/19
V.3	Changes made following attendance at DEG – 16/12	Patrick Lines	18/12/19
V.4	Transposed content into new accessible format (see note on page 1 about use of N/A)	Robert Gibson	26 November 2021

The above provides historical data about each update made to the Equality Impact Assessment.

Please include the name of the author, date and notes about changes made – so that you can refer to what changes have been made throughout this iterative process.

For further information, please see the EIA Guidance document on version control.

6b. Approval

Secure approval from the appropriate level of management based on nature of issue and scale of change being assessed.

Approved by	Date approved
Head of Service – Jana Burton	28/11/19
Executive Director	N/A
Cabinet Member	N/A
Directorate Equality Group	N/A

Publish:
It is recommended that all EIAs are published on Surrey County Council's website.

EIA author: Patrick Lines

6c. EIA Team

Name	Job Title	Organisation	Team Role
N/A	N/A	N/A	N/A

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