Kent and Medway NHS
NHS and Social Care Partnership Trust

Community Mental Health Services for Older People (CMHSOP) Operational Policy

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Policy Title

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0.1	Approved	01//4/15	Jon Parsons	Previously approved version
0.2	Draft	28/10/16	Older Adult Task and Finish group	
1.0	Approved	20/12/16	Older Adult Service line Quality meeting	Ratified

REFERENCES

Mental Health Act (1983).
Mental Capacity Act (2007)
National Service Framework (Mental Health and Older People)
Dementia Strategy (2009)
High Quality care For all (2008)
New Ways Of Working (2007)
New Horizons (2009)
Nothing Ventured, Nothing Gained (2010)
Carers Act (2015)
MH 5 year forward view NHSE 2016,
Dementia Care 5 Year Vision 2015,
Challenge on Dementia 2020: Implementation Plan 2016

RELATED POLICIES/PROCEDURES/protocols/forms/leaflets

KMPT Dementia Assessment Diagnosis & Treatment policy	
KMPT Supervision Policy	KMPT.CliG.045
KMPT Lone Working Policy	KMPT.CorG.024
KMPT Care Programme Approach Policy and Procedures	KMPT.CliG.001
KMPT Training Policy	KMPT.HR.003
KMPT Honos Policy	KMPT.CliG.056
KMPT Single Point of Access Operational Policy	
KMPT & KCC Safe Guarding Vulnerable Adults Multiagency Policy	KMPT.CliG.006
Memory Services National Accreditation Programme (MSNAP)	
KMPT End Of Life Policy	KMPT.CliG.129
KMPT Advanced Care Planning Guidelines	KMPT.CliG.133

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1 INTRODUCTION

1.1 Kent and Medway NHS and Social Care Partnership Trust provide the core specialist services to meet the mental health needs of older adults with acute, serious and enduring mental health problems, including dementia. Services provided include routine and urgent assessment, Dementia Assessment, Admiral Nursing services, Psychiatric Liaison, and on-going review and treatment services.
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1.2 Services are divided according to geography and Clinical Commissioning Group (CCG) – listed below. Older adults requiring access to specialist services can refer themselves, be referred directly by their GP to their respective team, or be signposted via KMPT's single point of access.

1.3 **Service Boundaries:**

- Dartford, Gravesend, Swanley (North Kent CCG)
- Swale, (North Kent CCG)
- Medway, (Medway CCG)
- Maidstone, (West Kent CCG)
- Tunbridge Wells, (West Kent CCG)
- Sevenoaks (West Kent CCG)
- Canterbury (Canterbury and Coastal CCG)
- Ashford (Ashford CCG)
- Thanet (Thanet CCG)
- Shepway (South Kent Coast CCG)
- Dover and Deal (South Kent Coast CCG)

1.4 **Guiding Principles**

Community Mental Health Services for Older People (CMHSOP) adopt recovery oriented values and principles to enable those who are experiencing mental health problems or dementia to stabilise, maintain social functioning and live as independently as possible in the community. Guiding service principles include:

1.4.1 Older people are not discriminated against in accessing health and social care; services are provided, regardless of age on the basis of clinical and social need.

1.4.2 Due to the complexity of the needs of many older people, services will be expected to work collaboratively with other agencies and stakeholders, providing integrated services where possible. These services will meet both physical and mental health care needs, promoting faster recovery from illness, preventing unnecessary hospital admissions, supporting timely discharge and maximising independent living.

1.4.3 Organisations will work in partnership to provide a co-terminus and seamless service for individuals, avoiding duplication.

1.4.4 Services will be person-centred and shaped around the needs and preferences of individual individuals and their Families/Carers and carers.

1.4.5 Services will work continuously to improve service quality, providing safe, sound, supportive and effective interventions with the aim of improving outcomes for individuals and their relatives and carers.

1.4.6 Supporting, valuing and having trained and motivated staff. It is recognised that staff need to be properly prepared and supported in their work. They will need to receive

training, education and supervision in providing a quality service to older people with mental health needs.

2 SERVICE AIMS

2.1 The CMHSOP is a locality based specialist Mental Health Service within a geographical area (see above). The service is intended to provide comprehensive, integrated and expert assessment of mental health functioning, individualised and effective evidence based therapeutic treatment to reduce and shorten distress and to optimise functioning. Services provide care co-ordination within the framework of the Care Programme Approach (CPA).

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3 SERVICE STRUCTURE & FUNCTION

3.1 The CMHSOP provides a core range of specialist services that includes Medical, Nursing, Psychology, Occupational Therapy, Admiral Nursing, Support Workers and administrative roles. In some localities, care management, physiotherapy, speech and language therapy and other disciplines are also provided.

3.2 The CMHSOP is available to adults with a dementia, or functional mental illness of any age (where the older adult service is best placed to meet those needs) including those with a mild learning disability, where assessment, diagnosis and specialist intervention is required. The majority of people referred to the service will be over the age of 65, however, age in itself should not be a determinant of eligibility and access should be determined by the needs of the individual.

3.3 The CMHSOP will provide the following functions:

3.3.1 **Access:**

This will include triaging and screening referrals for urgency and appropriateness, signposting where applicable, and providing a prompt, comprehensive and expert assessment of mental health problems and dementia, including the management of risk. Access to the service should **not** be merely based on age, but on assessed need leading to the individual accessing the part of the organisation that would best met these needs.

3.3.2 **Urgent/Crisis Response:**

To provide a timely response to individuals and Families/Carers experiencing crisis or urgent need. This will include supporting the family and carers, providing advice and specialist interventions, including access to treatment at home or admission to Acute Services. Multi-agency/integrated working is likely to be required, including the development of a joint care plan.

3.3.3 **Treatment Recovery & Review:**

This includes the provision of bio- psycho- social treatments within a Recovery and Wellbeing oriented framework. Most individuals will require multi professional input with their care coordinated, including under formal CPA processes as appropriate. Psychological interventions for individuals, groups or Families/Carers, monitoring of physical well-being, medication initiation and review will be provided. Psycho-education, promotion of wellbeing and relapse prevention is also offered. Comprehensive review occurs as indicated by the care pathway or as clinically required.

3.4 Service Management:

3.4.1 Each locality has a Locality Service Manager who is responsible for all of the Community Mental Health Services provided by the team. Team leaders and clinicians will support Locality Service Managers to provide professional supervision providing clear lines of responsibility and accountability for decision making across their service.

3.4.2 In line with New Ways of Working for Everyone (2007) leadership within the service is based primarily on competence rather than profession; with healthy debate and collaboration rather than interdisciplinary conflict and a focus on the service rather than on the individual professions. This enables the team to be stronger and more effective with competence developed in all of its members.

3.4.3 Within the multi-professional team there will be an additional emphasis on professional leadership. Professional lead roles will be in place to work in partnership with the Manager and enable professional development, supervision and support. The Professional leads will also work in partnership with the Service Line Director and Managers and to oversee all aspects of professional governance for their respective discipline.

3.5 Hours of Operation

3.5.1 Core service hours are 09:00 – 17.00, Monday – Friday. It is recognised that teams work beyond these hours on a needs-led basis.

3.5.2 Outside of these hours advice on assessment will be provided via the Single Point of Access project, and provision will be provided by the Crisis Resolution Home Treatment Service and Psychiatric Liaison Service.

3.6 Referrals

3.6.1 The CMHSOP provides locality based specialist Mental Health Services for older adults. Referrals to this service usually meet one of the following criteria:

- There is evidence of a cognitive impairment which does not have an underlying acute physical cause.
- There are diagnostic issues which need clarification.
- There is a lack of response to initial intervention strategies tried in primary care.
- The levels of distress or risk are particularly severe
- An individual’s mental health needs are complex.
- Those whose needs fit with those of clusters 4 - 8 and 11 - 20 will be accepted into the service.

3.6.2 Referrals into this specialist service are usually from GPs. This is primarily due to the complexities surrounding clinical presentation and the need to ensure that all physical health issues have been diagnosed and treated, prior to referral. Less frequently, individuals refer themselves or referrals may also be received from social services, third sector partners or other agencies such as the Police Service.

3.6.3 All referrals to the CMHSOP will be screened daily to determine eligibility criteria for Specialist Mental Health Services, and a decision made as to when (and if) an assessment should take place. Triage may include telephone contact to establish level of urgency. This decision will be determined by the agreed response times:

- Emergency – assessed within 4 hours (within normal office hours)
- Urgent – assessed within 72hrs

- Routine – assessed within 4 weeks

3.6.4 It is envisaged that most referrals will be accepted for assessment unless the referral is evidently for a service that Specialist Mental Health Services are not commissioned to provide.

3.6.5 If the referral does not meet the criteria for the service, then information, advice, guidance and/or signposting will be offered. The GP will be advised.

3.7 Duty Service

3.7.1 Each CMHSOP will provide a daily duty service. The team will screen, evaluate and process all mental health referrals on the day they are received. Administrative staff will ensure that individuals referred are booked to receive an appointment and confirmation by letter is sent following agreement with the individual and duty officer.

3.7.2 The duty officer will also offer telephone advice and support to those contacting the team, including individuals, carers, GPs, Primary Care and other relevant agencies. Individuals who contact duty and are already open to the team for short term intervention will be re-directed to their Care Co-ordinator. If the Care Co-ordinator is not available and the call is urgent, the duty officer will respond on the Care Co-ordinator's behalf.

3.8 Assessment and Care Planning

3.8.1 There will be a multi-professional approach to assessments which will ensure that the individual is seen by the right professional, in the appropriate part of the CMHSOP e.g. the Dementia Assessment Service. Individuals can be offered an appointment for assessment in a variety of settings such as at home or in a clinic as determined by need

3.8.2 The assessment undertaken will take into account mental health, social, psychological, emotional and physical needs within the overall context of managing risk and optimising functioning. Professionals undertaking assessment in the CMHSOP will be highly skilled in both assessment and treatment of the physical, psychological and social causes and consequences of mental health problems. Assessment should be carried out by the person with relevant skills in a setting that encourages open discussion.

3.8.3 Assessment is a continuous process requiring regular review. Needs may change and individuals and relatives/carers should not expect to repeat an assessment process with different agencies. The Care Programme Approach is intended to combine the assessment and care planning needs of different agencies. The outcome of all assessments will be communicated to the individual, and to the GP in a timely fashion.

3.8.4 Following an assessment where a person has no ongoing eligible needs for specialist mental health services the assessor will ensure that the person has been given adequate information, advice and guidance and are appropriately signposted.

3.9 HoNOS (Cluster Assessment & Allocation)

3.9.1 The Health of the Nation Outcome Scales (HoNOS) is the agreed clinical outcome tool for application across the Trust. This assessment tool is referred to as a Cluster Assessment. Once the Cluster Assessment is completed the clinician will ensure that the Cluster Allocation is recorded; this is vital as the Organisation works on a payment

tariff dictated by the Cluster Allocation. The Cluster Allocation is divided into 3 categories:

- Non Psychotic
- Psychotic
- Organic

Within these categories there are sub clusters 0 - 21 (excluding cluster 9) Each sub-cluster represents a care pathway and an individual payment tariff.

3.9.2 Clinicians are responsible for using HoNOS (Cluster Assessment) in their routine clinical practice and performance will be monitored on a regular basis. This clinical tool identifies the level of treatment/care need that the individual requires. HoNOS (Cluster Assessment & Allocation) should be completed at key periods during an individual's episode of care including:

- At the first assessment.
- At review.
- At discharge from service.

3.10 Urgent Care and Crisis Response

3.10.1 All CMHSOPs will provide urgent care and crisis response for individuals with functional illness or dementia within normal working hours. A Person-Centred approach will be used to support people, their relatives/carers, and others working with the individual concerned. This will be achieved by providing a period of multi-disciplinary assessment and intervention, working alongside existing mental health and social care services.

3.10.2 The aims and objectives of this response are:

a) To provide a responsive and flexible service providing a range of person centred interventions to support individuals, their carers and others working with the individual concerned.

b) To maintain individuals in their usual home environment and avoid the need for a mental health hospital admission where possible.

3.10.3 The urgent care and crisis response is characterised by the following elements:

a) Focussing on people who have experienced a change in presentation, resulting in a crisis and would otherwise face unnecessary admission to a mental health hospital
b) Provides planned intervention and support for individuals due for discharge from mental health hospital if required
c) Being able to provide multi-disciplinary input and support.
d) Adopting a Person Centred approach with an emphasis on positive risk taking.
e) Time–limited.
f) Involves cross-professional working, using standardized assessments
g) Focuses also on the needs of those caring for the individual (both family carers and professional carers) to enable there to be better care and to reduce their stress.

h) The service aims to works collaboratively with other services to promote systemic changes that will help to sustain improvements.

i) Referral onto 3rd sector organisation e.g. crossroads, carer first or Families/Carers and social care

3.11 **Treatment, Recovery, Review & CPA**

3.11.1 The service aims to provide individualised and effective evidence based therapeutic treatments to reduce and shorten distress and to optimise functioning and wellbeing. All interventions and treatments are provided within the Recovery framework. The primary aim in Recovery is for an individual to take control, make choices, and develop a sense of self-worth and hope. Safety planning, crisis management and Staying well may be an important element for some individuals. Most individuals will require multi-professional input. The active engagement of Families/Carers is likely

3.11.2 The details of the range of bio- psycho- social interventions provided within each care cluster are described in the "menu of interventions" within each cluster's Care Pathway and Packages documentation.

3.11.3 It is noted that all interventions and treatments will be tailored to the individuals' needs including adaptations for those where there are added complexities/co-morbidities e.g. physical / sensory/ cognitive / needs. A comprehensive review occurs at time periods as indicated by the care pathway or as clinically needed.

3.11.4 The main components of the service are detailed below:

- Psychological therapies
- Physical health wellbeing
- Recovery and social inclusion
- Medication management and review
- Strategies and activities to maximise occupational performance, engagement and skill (in the areas of leisure, self care and employment)
- Staying well interventions
- Support the Administration of the Mental Health Act where appropriate
- Psycho-education and health promotion

3.11.4 Those with complex needs or who need support from a number of services, or who are most at risk, are all subject to CPA care pathway.

3.11.5 Other people with more straightforward support needs will not be eligible for CPA Pathway but will still receive time limited support from the CMHSOP through the Care Pathway.

3.11.6 People are likely to need the CPA Pathway who have a diagnosis of functional mental illness and/or dementia, where the following factors are present:

a) Severe mental health concern (including personality disorder) with a high degree of clinical complexity.
b) Suicide, self harm, harm to others (including history of offending).
c) Relapse history requiring urgent response.
d) Self neglect/non concordance with treatment plan.
e) Vulnerable adult, adult/child protection issues.
f) Exploitation, for instance, financial/sexual/cultural or any other financial difficulties related to mental illness.
g) Disinhibition.
h) Physical/emotional abuse.
i) Cognitive impairment.
j) Current or significant history of severe distress/instability or disengagement.
k) Presence of non-physical co-morbidity including substance/alcohol/ prescription drugs misuse, mild learning disability.
l) Multiple service provision from different agencies, including housing, physical care, social services and voluntary agencies.
m) Currently/recently detained under Mental Health Act and subject to S.117 MHA.
n) Significant reliance on carer(s) or has own significant caring responsibilities.

3.12 **Transfer of Care & Discharge from the Service**

3.12.1 If an Individual's care is transferred from one area to another the responsibility for arranging the transfer of care lies with the existing Care Co-ordinator. The Care Co-ordinator must notify the new Team leader as early as possible and ensure that all administration is up to date on RIO. This includes the care plan, risk assessment and cluster allocation. The date of transfer should be negotiated as soon as possible and safe to do so.

3.12.2 It is good practice to hold a transfer CPA review particularly in cases where there are complexities or high risk, however, the transfer will not be unreasonably delayed as a result. The transfer review will include consideration of the risks associated with the move and the extent of further involvement by the Care Co-ordinator.

3.12.3 Attempts must be made to establish a full history of previous contact with Mental Health Services for all individuals assessed who are new to Kent.

3.12.4 Discharge from the CMHSOP will occur following the successful completion of interventions. Criteria for discharge from specialist services are outlined in each cluster pathway and will include:

- The individual has recovered to a degree where they no longer require specialist mental health services input.

- The individual's condition is stable. If required, regular monitoring can be provided by another agency or family/carer.

- Intervention is agreed to have limited effectiveness.

- The decision made that an individual who is on CPA pathway and no longer needs the support of specialist Mental Health Services should be confirmed in a formal review meeting (CPA meeting). All professionals involved with the care of the individual should be informed by letter within 7 days. This should include who to contact in the event that a crisis re-occurs, details of how to re-refer to specialist Mental Health Services and details of any continuing needs and how

they are to be met. The Individual will be central to the process of discharge and will be consulted and informed at all times.

3.12.5 On occasions individuals maybe be temporary relocated to another locality e.g. for respite, in these circumstances it maybe appropriate for the locality that the individual has been placed in the to monitor the individual **on behalf** of the team the individual is open to of a individual

3.13 **Service User involvement**

3.13.1 The promotion of Service User involvement is fundamental to the delivery of services.

3.13.2 The CMHSOP will support individual Individuals to maintain and increase their independence and to manage their own care as far as possible. To reach this aim Individuals should:

a) Feel that they actively contribute to their own care and the arrangements affecting them.
b) Contribute to their assessment through the involvement of their family or carer
c) Be involved in crisis planning and plans to stay well.
d) Be encouraged to develop Advanced Decisions.

3.13.3 Individuals will be actively encouraged to engage in the design, ongoing development and operation of services. This will be through participation in planning and development processes but also through wider outreach work and informal non-threatening methods of engaging with a wide constituency of Individuals, for example within workshops

3.14 **Carer/Family Involvement**

3.14.1 Carers form a vital part of the care team. Although the care given will often fluctuate over time, depending on the needs of the individual, they will often provide the most consistent support for individuals; thus their support can be essential in maintaining their health and wellbeing.

3.14.2 Carers are identified and fully involved, wherever possible. Carer's views are important because of their knowledge of the individual and their history; therefore they make a valuable contribution to assessments and care plans.

3.14.3 Staff should therefore be proactive in:

- Identifying carers by asking the individual whether someone provides them with support and discussing with family/carers who these individuals are and who is the main carer.

- Seeking carers views and concerns so that they can be taken into account when undertaking assessments and drawing up care plans. (The obligation to maintain confidentiality does not prevent staff asking carers for information and their concerns)

- Obtaining consent to share information relating to the individual's care and treatment, explaining why it is helpful to involve carers, whilst clarifying any information that the individual does not want to disclose.

- Agreeing when carers should take on specific responsibilities as part of the care plan i.e. ensuring attendance at appointments or taking medication.

- Onward referral to Social Services/Admiral Nurse Service for an assessment/ongoing support in their own right as per the Care Act 2014 where appropriate/requested

- Encouraging the use of Advance Decisions and Statements particularly when it impacts on carer involvement.

- Ensuring appointment times suit both carer and individual.

- Copying correspondence and care plans to carers with the agreement of the Individual.

3.14.4 It is recognised that there will be times when staff will hold vital information about an Individual where disclosure is considered to be in the public interest, for example, protect Individual, carer or members of the public. In these circumstances, relevant personal information regarding risk should be passed on to other people, including carers, as necessary.

3.15 **Support to Carers**

3.15.1 An Admiral Nurse is based within some CMHSOPs across Kent and Medway. This role specifically focuses on the provision of support to carers of individuals diagnosed with a dementia. For further information please see the operational policy relating to Admiral Nursing.

3.15.2 Caring can be demanding and should be acknowledged by professionals and assumptions about the carer's ability and willingness to continue caring never just assumed. Carer's needs should therefore be recognised and supported whilst understanding cultural implications. Carers have the right to a statutory carers assessment of their needs. In Older People's Mental Health Services, this would be provided by the Local Authority or voluntary sector.

3.15.3 Guiding Principles:

a) Carers should be provided with information or signposted to agencies who can support them to deliver care, including information about mental health problems, how to respond to changes in behaviour, how to access respite care and groups/individual support available for them as carers.
b)
c) Carers should be offered an assessment of need in their own right, in line with policy and legislation.
d)
e) Family work and family therapy should be considered where appropriate in line with NICE guidance.
f)
g) Carers should be referred to the Voluntary Organisations who are commissioned to provide Carers support.

3.16 **Safeguarding**

3.16.1 The lead agency for Adult Protection across Kent and Medway is the Local Authority. Where an Adult Protection concern is considered serious, a formal safeguarding alert,

(KASAFs in Kent and SAFs in Medway), under the Multi Agency Safeguarding Adults Adult Protection Policy for Kent and Medway, will be made to the local authority duty system.

3.16.2 The Multi Agency Safeguarding Vulnerable Adults Adult Protection Policy for Kent and Medway protocol, policy and guidance should be read in conjunction with the CPA Care Pathways Policy, KMPTs Safeguarding policy, and Serious Untoward Incident Reporting Procedures.

3.16.3 Should staff have a concern of a safeguarding nature they can discuss with line managers, safeguarding team or local authority safeguarding to see if it reaches the criteria for raising as adult protection alert.

3.16.4 All Staff should read this internal policy in conjunction with the multiagency Policy on safeguarding adults

3.17 Research

3.17.1 The Trust is committed to enabling individuals to participate in research opportunities. The opportunity to be contacted about relevant research is included in the initial assessment, documented on RiO. In line with NHS England's expectations, all staff are expected to participate in audit/ service evaluation/ research as appropriate to their role as part of the ongoing commitment to improving services. Any individuals wishing to participate in research will be supported to complete their registration where appropriate.

3.18 Staff Working Practices

3.18.1 **Meeting structures:** there should be formal clinical and business meetings structures in place across each Locality based service. Dates should be agreed in advance and circulated to team members. Where possible, actions resulting from these meetings should be minuted and circulated to team members and cascaded to assistant directors.

3.18.2 **Remote working**: The need to deliver services locally will continue to be an essential part of the CMHSOP. In order to enable this to happen across wide locality areas, remote systems will be available for practitioners to access KMPT applications and individual information and enable the clinicians to access data securely from remote locations, e.g. the Cloud and RiO..

3.18.3 There is a need for all community workers to feel supported in their day to day work and ensure that team functioning is not jeopardised by remote working. Team Managers must ensure that team meetings are regularly scheduled and that there is a commitment for all members of the multi-disciplinary team to attend. In addition to this, regular supervision (both peer and individual) and arrangements for ad-hoc telephone support must be put in place, and fully documented as per Trust policy.

3.18.4 **Lone Working:** The Trust recognises that staff may have to work alone in the delivery of clinical and non-clinical services. As with any potential risk to Health & Safety and welfare of staff, the risks associated with lone working need to be identified, assessed and managed.

3.18.5 Local protocols must be in place and form part of all local induction for all new staff. The Trust provides a lone working policy for guidance.

3.18.6 Staff working on the premises of another employee should liaise with the person in charge and incorporate any lone working arrangements for the premises into their own protocol.

3.19 Supervision, Training, Appraisals and Development

3.19.1 All staff will receive regular clinical and management supervision; annual appraisals and undertake mandatory training/updates in line with the Trust policy and procedures. The CMHSOP is committed to providing appropriate training to enable all members of the team to carry out their roles and responsibilities effectively at all times. Staff will be expected to develop reflective practice. On-going training and development is aimed at developing consistency and maintenance of person centred practice within teams and across the Older Adult service as a whole.

3.19.2 All professional Staff are expected to maintain their registration through the appropriate continuing professional development e.g. Nursing validation. This will be monitored by the Trust.

3.19.3 Training and Development will reflect the needs of the Trust and of the individual, as described in their personal development plan. Continuing professional development is a key element of ensuring the delivery of the highest possible quality of service.

3.19.4 All staff will be appraised annually through their professional aligned processes with a six-month review. All new staff will attend the Trust induction programme as well as receive a local induction to include reference to appropriate policies and procedures.

3.19.5 The Staff priority for training will be attendance on statutory/mandatory training courses that are appropriate to their individual professional status. Once completed, other training opportunities will be identified and agreed within individual appraisal that supports the delivery of the service.

3.19.6 Students and trainees from various disciplines will be attached to the CMHT as part of their training. All such students will be advised of the Operational Policy and will have clearly understood supervision and mentor arrangements within the Team It is the duty of all disciplines to provide practice supervision to students. Service Users have a right to choose whether a student is present during their appointment.

3.20 Health and Safety

3.20.1 Health and Safety risk is inherent in the delivery of health and social care. The Trust is committed to the identification, assessment and reduction of all risk to Service Users, staff and the organisation through a process of risk assessment.

3.20.2 Health and Safety risk assessment is a management responsibility, however, all employees must take reasonable care for their own health and safety at work. They must also take care of the health and safety of other persons. Employees must also co-operate with their employer in meeting statutory requirements. *Health and Safety at Work Act 1974*

3.20.3 Staff should always refer to the Trust Health and Safety policy.

4 IMPLEMENTATION INCLUDING TRAINING AND AWARENESS

This policy will be disseminated via the Service line Quality and performance meeting through to the Super Locality Quality and Performance meeting and on to the local quality and performance meetings. The policy should them be display on an appropriate notice board within the locality.

5 STAKEHOLDER, CARER AND USER INVOLVEMENT

5.1 Stakeholders will be informed of the document/any changes via Service Line quality and performance meetings represented by The Assistant Director of community Services.

5.2 Stakeholders will be asked for input on policies that need joint agreement or will have joint input.

6 EQUALITY IMPACT ASSESSMENT SUMMARY

6.1 The Equality Act 2010 places a statutory duty on public bodies to have due regard in the exercise of their functions. The duty also requires public bodies to consider how the decisions they make, and the services they deliver, affect people who share equality protected characteristics and those who do not. In KMPT the culture of Equality Impact Assessment will be pursued in order to provide assurance that the Trust has carefully considered any potential negative outcomes that can occur before implementation. The Trust will monitor the implementation of the various functions/policies and refresh them in a timely manner in order to incorporate any positive changes.

7 HUMAN RIGHTS

7.1 The Human Rights Act 1998 sets out fundamental provisions with respect to the protection of individual human rights. These include maintaining dignity, ensuring confidentiality and protecting individuals from abuse of various kinds. Employees and volunteers of the Trust must ensure that the trust does not breech the human rights of any individual the trust comes into contact with.

8 MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS DOCUMENT

What will be monitored	***How will it be monitored***	***Who will monitor***	***Frequency***	***Evidence to demonstrate monitoring***	***Action to be taken in event of non compliance***
Any changes in operation procedure	Via the service line Quality meeting	The Assistant Director of the Older Adults Service Line	Annually	Updated policy	Policy review

9 EXCEPTIONS

None

APPENDIX A EQUALITY IMPACT ASSESSMENT

General Information	
Name/s of function: (*State whether service, policy, project etc)*	Operation Policy
Directorate:	Older Adults
Function Owner:	Service Line Director
Date of screening:	28/12/16
Is this a proposed, new or existing function?	Existing
Aims of function and monitoring arrangements	
What are the overall aim/s or purpose**?** *Include outline of objectives and function aims* of the policy, procedure, practice or service. To confirm the operational arrangements for the CMHSOP, policy to be monitored via the Older Adult monthly quality meeting	

Do you monitor the policy, procedure or practice in relation to any of the following?
☐Complaints ☐ Eligibility criteria ☐ KPI's ☐ Service Uptake ☐User Satisfaction ☐ Equality characteristics Other__________
Which protected groups of people will be affected by the policy, procedure or practice? E.g. particular individuals, staff, individuals etc. Please tick the box if any of the following protected groups will be affected? Provide brief details about the nature of impact. Use, anecdotal qualitative or quantitative in-house information identified above both local and any regional and national research findings, surveys, reports, research interviews, minutes from focus groups, anecdotal evidence stated in organisational documents, other forms of engagement activities, pilot activity evaluations etc. If there are gaps in evidence state what you will do to close them.

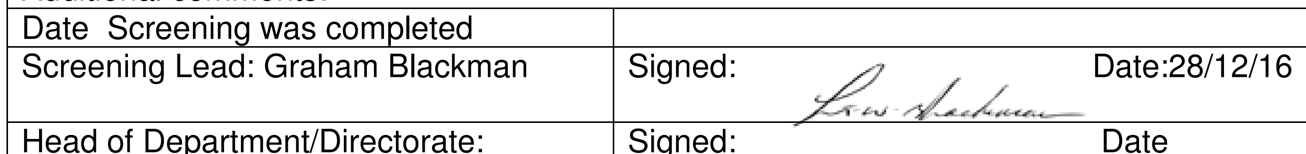
Age YES ☐ NO ☒ Detail nature of impact	Disability YES ☐ NO ☒ Detail nature of impact
Gender reassignment YES ☐ NO ☒ Detail nature of impact	Marriage and civil partnership YES ☐ NO ☒ Detail nature of impact
Pregnancy and maternity YES ☐ NO ☒ Detail nature of impact	Race YES ☐ NO ☒ Detail nature of impact
Religion and belief YES ☐ NO ☒	Sex YES ☐ NO ☒

Detail nature of impact	Detail nature of impact
Sexual orientation YES ☐ NO ☒ Detail nature of impact	Other Detail nature of impact

DETERMINING EQUALITY RELEVANCE OF THIS FUNCTION?

Does this function have Relevance to Equality & Human Rights? YES ☐ NO ☒ *Note: Public authorities need to consider all of their functions in order to determine which of them are relevant to the aims of the duty. Some functions will be relevant to most or all protected groups.*

PROPORTIONALITY - Based on the answers above what weighting would you ascribe to this function?		
HIGH High relevance to equality, /likely to have adverse impact on protected groups	MEDIUM Medium relevance or Insufficient information/evidence to make a Judgement.	LOW Low relevance or Insufficient information/evidence to make a judgement.
State rating & reasons: *(Green or Low equality relevance of function means does not have to undergo full impact assessment because it has nothing to do with protected groups).* Function owner should conclude the process at this stage.		
If you ascribed function equality & human rights proportionality as Red or Amber – Please provide reasons.		
Is a Full Equality Impact Assessment required? YES ☐ NO ☒ *(If no, please DO NOT CONTINUE Just date and sign at the end of the form).*		
YES - If you have established that there may be some equality relevance adverse then proceed to the Full Equality Impact Assessment		
Additional comments:		

Date Screening was completed	
Screening Lead: Graham Blackman	Signed:  Date:28/12/16
Head of Department/Directorate:	Signed: Date