

Appendix 2 - Equality Impact Assessment - Standard Assessment Template

Section A: Assessment

IMTP FOR THE MENTAL HEALTH CLINICAL BOARD

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Date

1. Mental Health IMTP 2013-2014

IMTP

The purpose of the IMTP is to identify schemes of work which enable the Clinical Board to meet the corporate financial objectives and cost reduction programmes whilst putting in place opportunities to re-design services

This is the IMTP for the Mental Health Clinical Board to set the direction and objectives for the forthcoming financial year

The benefits of the operational plan are to set a clear direction for Recovery based services by re design. The benefits will be seen for service users and carers, staff and the Health Board.

That all the schemes of work identified meet the identified outcomes to streamline services and that the Mental Health Clinical Board have a break even position at the end of the financial year

Factors that may prevent the Mental Health Clinical Board from achieving the required outcomes may be related to human factors such as sickness levels and bank and agency usage. Other factors that might prevent the outcomes being achieved are that several of the schemes are dependent on other parts of the organisation completing required work.

2. Data Collection

An Impact assessment has been undertaken for all elements of the IMTP for the Mental Health Clinical Board of Cardiff & Vale University Health Board. For each part of the plan the 9 protected characteristics of *Age – Disability –Gender re-assignment –Marriage and Civil partnership- Pregnancy and maternity-Race-Religion or belief –Sex –Sexual orientation and also Welsh language* have been considered and the impacts assessed against each element

For each scheme of work consultation has been undertaken with specific affected groups. These include Service users and carers, Staff through staff side consultation, third sector partners, Local Authority partners and the Community Health Council. Some schemes of work are linked and have been consulted on through public consultation for the Together for Mental Health strategy.

Examples of this are:-

Some of the groups consulted during the Mental Health Strategy consultation included Diverse Cymru, MIND Cymru, Community Health Council, Alzheimer's disease Society, HAFAL. Other groups that have been engaged with the consultation process have been contacted through the Cardiff & Vale Mental Health Development project. The Mental Health Clinical Board have specific service level agreements with this group which clearly identify the requirement to consult and engage with vulnerable and protected characteristic groups on the Clinical Board's behalf.

The Consultation process on the Together for Mental Health Strategy was led by the Cardiff & Vale Local Partnership Board.

The development of the Recovery Charter involved all user and carer groups, the mental health development project and partner agencies to define the service direction.

Third sector consultation has been through the development of clear Service level agreements and pathway specifications.

The Clinical Board have regular meetings with neighbouring Health Boards.

Other areas of consultation have been with:-

Staff side involvement and the Staff side Consultation forums for Mental Health

HR colleagues have provided staff equality profile data and advice around the OCP

Occupational Health colleagues have provided information in relation to the nature and intensity of the work within new service arrangements

Staff Wellbeing/staff counselling have provided information on the current staff hotspot areas

Welsh Health Specialist Commissioning Consortium (WHSCC) re Mother and baby Services

Charities such as Sefyll, MIND have provided feedback in relation to the service model.

Health Board Planning Department have provided feedback in relation to the delivery timescales on the capital implications

Mental Health Local Partnership Board have provided feedback in relation to the strategic fit to the changes.

Providers of out of area placements (through tendering and procurement process) have signed up to our Equality, Diversity and Human Rights policy

What qualitative data do you have about the policy relating to equalities groups (e.g. monitoring data on proportions of service users compared to proportions in the population)? This includes any consultation or engagement activity undertaken so far.

Some of the groups involved in Mental Health Strategy Local Delivery Plan consultation included Diverse Cymru, MIND Cymru, Community Health Council, Alzheimer's disease Society, HAFAL. Other groups that have been engaged with the process have been contacted through the Cardiff & Vale Mental Health Development project. The Mental Health Division have specific service level agreements with this group which clearly identify the requirement to consult and engage with vulnerable and protected characteristic groups on the Division's behalf. In attendance at the consultation events there were representatives from some protected characteristic groups – specifically gender re-assignment and sexual orientation.

Each service review that has guided the IBP has involved focus groups with service users – qualitative data from groups

Focus groups and staff questionnaires from service reviews.

Minutes of meetings held regarding each part of the operational plan

Feedback from service users in out of area placements

Sickness panel minutes

Visits to other best practice sites
Extensive Benchmarking data
A range of internal performance and activity measures.

All this data is available upon request

What quantitative data do you have on the different groups¹⁶ (e.g. findings from discussion groups, information from comparator authorities)? (See www.ons.gov.uk Office National Statistics website)

All the data sources below have identified really helpful information for us to re-model or refine our services. The IMTP has been based on the benchmarked evidence such as population size to bed numbers for Acute admission/treatment ward beds. This has influenced the development of the Triage ward and then the subsequent ward closure following behind this new model of service.

Likewise with the Supportive recovery ward, the Royal College of Psychiatrists guidance and the clinical benchmarking visits have highlighted the service model required to match population size and complexity.

All the data sources can be supported by evidence from:

Public Health and Census data

We also have staff equality profile breakdown

Benchmarked with England and Wales regarding performance and service size, capacity and good practice Staff have presented from England regarding model informing that the approach from an equalities perspective has numerous benefits such as reducing delays in hospital and other specialist premises, shorter hospital admissions, being treated and cared for by appropriate professionals and improving access.

Capacity plan regarding use of existing beds takes into account access issues.

RCP standards for Triage wards support the approach.

Cardiff & Vale Mental Health Recovery Charter ensures that equality issues are taken into account when.

All Wales Secure Services data related to CHC costs.

Decision support tool documents relating to individual patients needs recognises the significance of equality issues.

All Wales Prescribing formulary for good evidence based prescribing ensures that equality issues are taken into account when.

Previous Service Level Agreements (SLA's). ensures that equality issues are taken into account..

Previous performance reports and the Annual Report ensures that equality issues are taken into account .

Benchmarking evidence from other UHBs in Wales indicates that the proposed changes are in line with strategy, and right sizing principles

Previous tendering and framework agreements

Business cases for certain parts of Operational plan takes into account ...

Royal College of Psychiatrists guidance for Rehabilitation services states that.equalities.

Continuing Healthcare database has provided information as to

Royal College reports indicates that

Mental Health Strategy for Wales 2012 is clear that equalities issues are

Legislation - Mental Health Measure 2011 is clear that equalities issues are

Secure Services All Wales Census provided information as to

Performance and activity data

Please indicate the source of the data gathered. (e.g. Concerns/Service/Department/Team/Other)

The data has come from various sources which include some of the areas indicated above...Data is also available on request.

What gaps in data have you identified? (Please put actions to address this in your action plan)

None – no further data required for this at this stage

3. Impact

Please answer the following:

Consider the information gathered in section 2 above, comparing monitoring information with census data as appropriate (see www.ons.gov.uk Office National Statistics website) and considering any other earlier research or consultation. You should also look at the guidance in Appendix 1 with regard to the protected characteristics stating the impact and giving the key reasons for your decision.

Now that you have considered the available data and compared information the following questions should be asked and answered

Do you think that the policy impacts on people because of their age? (This includes children and young people up to 18 and older people)

Possible impact with the suggested closure of the Mother and Baby unit and the availability of in patient facilities for mothers and their babies as there is no other facility in Wales. They would either have to be cared for separately or go to the nearest Mother and baby unit. This could impact on families, other children, and partners.

Potential for access to CHC beds in the Vale with the alternative being needing to visit a Cardiff facility with additional travelling involved

Potential for reduced access to MHSOP tier 2 day services in the Vale

Do you think that the policy impacts on people because of their caring responsibilities?

The changes for older people tier 2 day services and access to CHC beds in the Vale could impact on with additional travelling.

Do you think that the policy impacts on people because of their disability? (This includes Visual impairment, hearing impairment, physically disabled, Learning disability, some mental health issues, HIV positive, multiple sclerosis, cancer, diabetes and epilepsy.)

Yes – Positive impacts. Improved input from clinical team in home location rather than out of area. Maximises access for vulnerable groups. Will improve the position in meeting peoples individual needs in terms of multi disciplinary care.

Do you think that the policy impacts on people because of Gender reassignment? (This includes Trans, transgender and transvestites)

The Mental Health Clinical Board consider that through the consultation processes there would be no impact from the operational plan workstreams on people because of gender re-assignment, transgender or transvestites. No issues raised at previous public consultation or engagement events.

Do you think that the policy impacts on people because of their being married or in a civil partnership?

The Division consider that through the consultation processes there would be a possible impact from the operational plan workstreams on people because of their being married or in a civil partnership if they were required to support their partner/wife who required Mother and Baby in patient facilities.

Do you think that the policy impacts on people because of their being pregnant or just having had a baby?

Possible impact of Mother and Baby in patient services closed. They may be required to be cared for away from their baby or to be cared for in an out of area bed away from their family but with their baby with them.

Do you think that the policy impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)

The Clinical Board consider that through the consultation processes there would be no impact from the operational plan workstreams on people because of their race (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities)

Do you think that the policy impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts)

The Clinical Board consider that through the consultation processes there would be no impact from the IBP workstreams on people because of their religion, belief or non belief.

Do you think that the policy impacts on men and woman in different ways?

There is a possible impact more so on women with the closure of the Mother and Baby in patient facilities however there could be an impact on the man or woman as there could be travelling implications for families and visitors to where an inpatient service will be provided.

Do you think that the policy impacts on people because of their sexual orientation? (This includes Gay men, heterosexuals, lesbians and bi-sexuals)

The Clinical Board consider that through the consultation processes there would be no impact from the operational plan workstreams on people because of their sexual orientation

Do you think that the policy impacts on people because of their use of the Welsh language?

The Clinical Board consider that through the consultation processes there would be no impact from the operational plan workstreams on people because of their use of the Welsh language.

Information will be provided bilingually as appropriate. There may be an opportunity to reallocate more effectively our bilingually speaking staff to assist with the promotion of Welsh language across services.

4. Summary.

Which equality groups have positive or negative impacts been identified for (i.e. differential impact).

A possible negative impact has been identified for Pregnant women or those having recently had a baby who may require in patient mother and baby facilities post natally. The unit in Cardiff & Vale was the only one in Wales (commissioned through WHSCC).

Possible Impact on meeting demand and access for tier 2 day services in the vale of Glamorgan

Possible impact on ensuring CHC beds remain available for the Vale residents where the YOD unit in St Barrucs is implemented.

Is the policy directly or indirectly discriminatory under the equalities legislation?

NO, there does not appear to be any discrimination based on the evidence that has been found. If there was we could take action to resolve or mitigate against the discrimination as appropriate

If the policy is indirectly discriminatory can it be justified under the relevant legislation?

Not applicable at this time

If the policy is likely to be discriminatory and it cannot be justified, then the policy will require a rethink as to how this can be addressed

Appendix 3

Cardiff and Vale University Health Board Action Plan

Section B: Action

5. Please complete your action plan below. Issues you are likely to need to address include:

- What **engagement** needs to take place with equality groups (bearing in mind any relevant consultation already done and any planned corporate consultation activities) in order to address any potential negative impacts that have been identified

Further engagement will be required with WHSCC, support groups and staff involved with the unit

What **monitoring**/evaluation will be required to further assess the impact of any changes on equality target groups? (A system will need to be developed to ensure continuous scrutiny, follow up and evaluation of all policies and must be sensitive to issues associated with human rights and privacy.) This on-going monitoring provides information and data for the next cycle of review.

The Mental Health Division will continue to monitor the usage/occupancy of the Mother and Baby unit to evaluate the effectiveness and outcomes for service users and their families.

Equalities Impact Assessment Implementation Action Plan

Issue to be addressed	Responsible Officer	Action Required	Timescale for completion	Action Taken	Comments
Young Onset Dementia unit in St Barrucs	Ian Wile	Ensure younger dementia sufferers have the best NHS service possible through locating specialist skills around this cohort – also ensure sufficient CHC bed availability in the Vale of Glamorgan	6 Months	Within Project Plan to monitor CHC bed use	
Day Services – Tier 2	Ian Wile	Ensure capacity meets demand and services remain locality based where	6months	Within Project Plan	

		required			
Crisis Assessment Ward & Subsequent Bed Closures	Ian Wile	Ensure no reduction in access to admission beds	October 13	Within Project Plan	

6. Report, publication and Review

Please record details of the report or file note which records the outcome of the EQIA together with any actions / recommendations being pursued (date, type of report etc)

Type in please see Appendix 4 below.

Please record details of where and when EQIA results will be published

Our internal Intranet

Please record when the EQIA will be subject to review.

9 months

Name of person completing Helen Bennett_____

Signed _____

Date: _____

Name of Senior Manager Authorising Assessment and Action Plan for publication

Ian Wile_____

Signed: _____

Date: June 2013_____

