

Form 1: Preparation

Part A must be completed at the beginning of a Policy/function/strategy development or review, and for every such occurrence. (Refer to the Step-by-Step Guide for additional information).

Step 1 - Preparation		
1.	Title of Policy - what are you equality impact assessing?	Mental health Risk assessment and management policy
2.	Policy Aims and Brief Description - what are its aims? Give a brief description of the Policy (The What, Why and How?)	To offer guidance on undertaking clinical risk assessment and management within the mental health division
3.	Who Owns/Defines the Policy? - who is responsible for the Policy/work?	Executive Director of Mental Health Divisional Director of Mental Health Divisional Nurse of Mental Health Divisional Manager of Mental Health Clinical Directors of Mental Health Professionals who undertake clinical risk assessments and work within the CPA Framework, Team Managers, CPA Lead officer, Senior Divisional Team
4.	Who is Involved in undertaking this EqIA? - who are the key contributors to the EqIA and what are their roles in the process?	Dave Semmens, CPA Lead officer (policy author)

Step 1 - Preparation

5.	Other Policies - Describe where this Policy/work fits in a wider context. Is it related to any other policies/activities that could be included in this EqIA?	<p>Risk assessment and management is a fundamental component of the overall assessment process for achieving outcomes and identifying mental health service delivery</p> <p>The policy has been written in line with recently passed legislation, the Mental Health (Wales) Measure, passed 2010 and due to be implemented in 2012 as well as recent national (interim) policy guidance on delivering the CPA.</p> <p>This policy has also used reference from the Department of Health guidance on risk assessment and risk management.</p>
6.	Stakeholders - Who is involved with or affected by this Policy?	<p>The policy may be applicable to all involved within secondary mental health care including service users, carer's, voluntary sector and professionals at all levels.</p> <p>Consultation was made via the UHB mental health policy group</p>

Step 1 - Preparation

7. **What factors may contribute to the outcomes of the Policy? What factors may detract from the outcomes?** These could be internal or external factors.

The policy follows national guidelines (both the Welsh Government (WG) and Department of Health (DoH) and for undertaking clinical risk assessments the outcomes of the policy rely upon individuals adhering correctly to the guidance within the policy and the frameworks / tools used within Cardiff and vale mental health services

Training is currently provided to clinical staff involved within the risk assessment process

The outcome of the policy are dependant upon practitioners undertaking assessments of clinical risk factors

Form 2: Evidence Gathering

Equality Strand	Evidence Gathered	Does the evidence apply to the following with regard to this Policy/work? Tick as appropriate.
--------------------	-------------------	---

Race	<p>Cwm Taf health board Clinical Risk Assessment Policy EIA obtained 18/11/2011. Identifies NO negative impact on any of the equality groups</p> <p>Cwm Taf Health Board policy identify no baseline information or research data or available evidence. Internet search 17 /11/ 2011 supports this.</p> <p>Internet search 17/11/2011 on existing EIA for similar policies proved limited. The internet search did not indicate specific risk assessment polices within other health boards.</p> <p>EIA from Avon and Wiltshire Mental health trust (Care Pathways and Risk) identify NO negative impact in any group, but may be differential access and intervention rates for race.</p> <p>Care Quality Commission (2011). <i>Count me in 2010</i>, London: Care Quality Commission.</p> <ul style="list-style-type: none">• Admission rates remain higher than average among some minority ethnic groups, especially Black and White/Black Mixed groups• The numbers of detained patients under the Mental Health Act are higher than average among the Black, White/Black Caribbean Mixed and Other White groups (but not in other ethnic groups).• The rates for detained patients who were placed on a community treatment order (CTO) are higher among south Asian and Black groups.	Eliminating Discrimination and Eliminating Harassment	✓	Promoting Equality of Opportunity	✓	Promoting Good Relations and Positive Attitudes	✓	Encouraging participation in Public Life	✓	Take account of difference even if it involves treating some individuals more favourably*
Disability	Cwm Taf Health Board Clinical Risk Assessment		✓		✓		✓		✓	

	<p>Policy EIA obtained 18/11/2011. Identifies NO negative impact on any of the equality groups</p> <p>Cwm Taf Health Board policy identify no baseline information or research data or available evidence. Internet search 17 /11/ 2011 supports this.</p> <p>EIA form Avon and Wiltshire Mental health trust (Care Pathways and Risk) identify NO negative impact in any group, but may be differential access and intervention rates for disability.</p> <p>People with severe and enduring mental health problems are more likely to have co-existing physical health problems, have poor social functioning and be stigmatised.</p> <p>National Institute for Clinical Excellence (2003). <i>Schizophrenia: Full National Clinical Guideline on Core Interventions in Primary and Secondary Care</i>, London: Gaskell & the British Psychological Society.</p>									
Gender	<p>Cwm Taf Health Board Clinical Risk Assessment Policy EIA obtained 18/11/2011. Identifies NO negative impact on any of the equality groups</p> <p>Cwm Taf policy identify no baseline information or research data or available evidence. Internet search 17 /11/ 2011 supports this.</p> <p>EIA form Avon and Wiltshire Mental health trust (Care Pathways and Risk) identify NO negative impact in any group, but may be differential access and intervention rates for gender.</p>	✓		✓		✓		✓		

Sexual Orientation	<p>Cwm Taf Health Board Clinical Risk Assessment Policy EIA obtained 18/11/2011. Identifies NO negative impact on any of the equality groups</p> <p>Cwm Taf Health Board policy identify no baseline information or research data or available evidence. Internet search 17 /11/ 2011 supports this.</p> <p>EIA form Avon and Wiltshire Mental health trust (Care Pathways and Risk) identify NO negative impact in any group.</p> <p>National Institute for Mental Health England (2007) Mental disorders suicide and deliberate self harm in lesbian, gay and bisexual people, London: NIHME.</p> <p>“Our findings show that LGB people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse, and DSH than heterosexual people”</p>		✓		✓		✓		✓	
Age	<p>Cwm Taf Health Board Clinical Risk Assessment Policy EIA obtained 18/11/2011. Identifies NO negative impact on any of the equality groups</p> <p>Cwm Taf Health Board policy identify no baseline information or research data or available evidence. Internet search 17 /11/ 2011 supports this.</p> <p>EIA form Avon and Wiltshire Mental health trust (Care Pathways and Risk) identify NO negative impact in any group, but may be differential access</p>		✓		✓		✓		✓	

--	--

*** This column relates only to Disability due to the specific requirement in the Equality Act 2010 to treat disabled people more favourably to achieve equal outcomes. This is not applicable to the other equality strands.**

Form 3: Assessment of Relevance and Priority

Equality Strand	Evidence: Existing evidence to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)
Race	2	-1	L
Disability	2	-1	L
Gender	2	-1	L
Sexual Orientation	2	-1	L
Age	2	-1	L
Religion or Belief	2	-1	L
Welsh Language	1	0	L
Human Rights	2	-1	L

Scoring Chart A: Evidence Available

3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact Decision

-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

FORM 4: (Part A) Outcome Report

Policy Title:	Risk Assessment and management policy
Organisation:	Cardiff and Vale University Health Board
Name: Title: Department:	Dave Semmens CPA Lead Mental Health Division
Summary of Assessment:	<p>The EQIA has been undertaken following the update of an existing policy on clinical risk assessment and management within the mental health division. The Policy will therefore be applicable to all individuals receiving care and support from a secondary mental health team, including employees of the UHB working within the mental health division and may include members of the voluntary services sector and carers.</p> <p>The evidence gathered indicates a low impact rating.</p> <p>The policy directs mental health professionals in the undertaking of clinical risk assessments. The current risk assessment format are not on the medium of the Welsh Language, this may impact against legislation in relation to the provision of health care through the medium of Welsh.</p>

**Decision to Proceed
to Part B Equality
Impact Assessment:**

Yes/No

Please record reason(s) for decision

There is no requirement to proceed to part B, because of the outcome of the assessment and because are no identified changes from an equalities perspective since this policy was last updated

Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of Part A or Part B of the EqlA Toolkit. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual adverse impact, as well as any arrangements to collect data or undertake further research.

	Action(s) proposed or taken	Reasons for action(s)	Who will benefit?	Who is responsible for this action(s)?	Timescale
1. What changes have been made as a result of the EqlA?	Updated policy. Policy updated according to recently passed legislation. No changes made following EqlA	We have added an equality statement to the policy to publicly demonstrate our commitment to equality, diversity and human rights issues.	Service users, carers Professionals within the mental health division	CPA Lead, Divisional management team,	Completed
2. Where a Policy may have differential impact on certain groups,	Use of Interpreters or other appropriate	Diversity of mental health population	Service users, carers Professionals within the mental health division	UHB Divisional management team,	Ongoing

state what arrangements are in place or are proposed to mitigate these impacts?	communication services such as sign language, may be required to ensure full involvement of service users in clinical risk assessment.				
3. Justification: For when a policy may have adverse impact on certain groups, but there is good reason not to mitigate.	N/A	n/a	n/a	n/a	n/a

4. Describe any mitigating actions taken?	n/a	n/a	n/a	n/a	n/a
5. Provide details of any actions planned or taken to promote equality .	<p>We have included an equality statement into the policy that clearly states that the policy is applicable to all as appropriate to individual, service area and organisational circumstances.</p> <p>We would provide copies of the document in</p>	<p>The UHB want to be explicit about its commitment to the equality agenda/legislation.</p> <p>To ensure that are policies are accessible to all</p>	<p>Patients will be primary benefit which will impact positively on their families and/or patients as applicable</p> <p>Any individual making the request as well as the organisations reputation.</p>	Appropriate staff and Managers.	<p>Already completed within the document</p> <p>There is no timescale as this will be responsive to individual need.</p>

	alternative formats, including Welsh if required as via appropriate Single Equality and Welsh Language Schemes.				
--	--	--	--	--	--

Date:	18/11/2011
Monitoring Arrangements:	CPA Lead, Divisional management team. Audit structure in existence via Annual Quality Framework monitoring
Review Date:	June 2012
Signature of all Parties:	D.Semmens <i>D.Semmens</i>