Integrated Community Mental Health Team Operational Policy Equality Impact Assessment

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?	Operational Policy for Community Mental Health Teams Cardiff and Vale University Health Board.
2.	**Policy Aims and Brief Description** - what are its aims? Give a brief description of the Policy (The What, Why and How?)	Community Mental Health Teams are committed to: • Ensuring all health and social care needs and risk are assessed and that service users are managed within the Care Programme Approach and an appropriate treatment / care plan and risk management plan agreed. The plan will include the views of the service user and relevant carers and a copy will be provided for them. • Providing services that are accessible to all sections of the local population in compliance with equality and diversity principles and relevant legislation. • Working with service users within a model of care that aids recovery and enables them to return to their full potential in day to day life and, when appropriate, discharge from the secondary services. • Working collaboratively with and referring appropriately to other Cardiff & Vale services such as Crisis Resolution & Home Treatment Teams (CRHTT), Inpatient services, Assertive Outreach services, Drug and Alcohol services, Forensic Services, Accident and Emergency (A&E) Liaison Services, Community Support teams, Older Peoples Mental Health Services, Primary Care Gateway Services, Community Learning Disability Teams (CLDTs), Specialist

		Learning Disability Services and Child and Adolescent Mental Health Services and any new services that are developed.
		• Enabling service users to have access to local advocacy services.
		• Assessing the needs of carers and ensuring appropriate support is given within available resources.
		• Actively involving service users and carers in planning and delivering mental health services.
		• Promoting the needs of people with mental health problems and reducing the stigma associated with mental health care.
		• Working in collaboration with other statutory and voluntary agencies and ensuring the needs of the service user are taken into account.
3.	**Who Owns/Defines the Policy?** - Who is responsible for the Policy/work?	Director Mental Health
4.	**Who is Involved in undertaking this EqIA? -** who are the key contributors to the EqIA and what are their roles in the process?	Jayne Bell, Senior Nurse Manager, Crisis Resolution and Home Treatment Teams, Tim Goosey, Senior Nurse Manager, Community Mental Health Teams. Mental Health Quality & Safety Group.
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?	Equality and Human Rights Policy, Health & Safety Policy / Lone Worker Policy / Risk Assessment and Management Policy / Wales Interim Policy for the Protection of Vulnerable Adults / Mental Health Act / Mental; Capacity Act / Mental Health Measure / The Role of Community Mental Mental Health Teams in Delivering Community Mental Services.

Step 1 - Preparation		
6.	**Stakeholders** - Who is involved with or affected by this Policy?	The development of this policy has involved consultation with representatives of patients, carers and relatives through the Directorate Joint Operational Group and other mental health services forums. Other stakeholders represented include the two Local Authorities and representation from homelessness services and the Community Health Council.
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.	Each of the Community Mental Health Teams have varying capacity to respond to the demands placed on them by the community which they serve. These are determined according to the alignment of GP practices to the CMHTs. Because of the varying demographic profile of the different parts of Cardiff, the demands placed on each CMHT is different. These variations can include differences in the age, ethnicity, levels of employment and economic status of the community served. The Operational Policy attempts to define what is the minimum and consistent standard for all residents of Cardiff and the Vale services by the Community Mental Health. The Composition of each of the CMHTs and the Skill Mix is determined to try and meet this demand as equitably and resources will allow.

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	Internet Search of other completed CMHT EQIAs. Positive of negative impact in the domain? 1. Hertfordshire CMHTs. No. 2. Westminster Community Forensic Service. No. 3. Kent and Medway MHLD Services: No. 4. Thetford CMHT. Yes. **2. Care Quality Commission (2011).** *Count me in 2010*, **London: Care Quality Commission.** The above reports suggest that some ethnic minority groups, particularly those from black or black / mixed race are disproportionately represented in the numbers of admissions to mental health units and the numbers of people placed on sections of the mental health act, including Community Treatment Orders (CTOs). **3. The other end of the telescope** A refocusing of mental health and well being for service users and carers **4. Report of All Wales Review of Mental Health Services WAG**	Eliminating Discrimination and Eliminating Harassment	Yes	Promoting Equality of Opportunity	Yes	Promoting Good Relations and Positive Attitudes	Yes	Encouraging participation in Public Life	Yes	Take account of difference even if it involves treating some individuals more favourably*	
Disability (physical and psychological)	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.		yes		yes		yes		yes		**yes**

	National Institute for Clinical Excellence (2003). *Schizophrenia: Full National Clinical Guideline on Core Interventions in Primary and Secondary Care,* London: Gaskell & the British Psychological Society.								
Gender	There is evidence to suggest that gender is a factor in the presentation of certain mental illnesses, although in most, there are no epidemiological genetic differences. Many people however have a preference is in the gender of the mental health professional they receive support from, particularly where sexual issues are a factor. **The other end of the telescope** A refocusing of mental health and well being for service users and carers **Report of All Wales Review of Mental Health Services WAG 2007**		Yes		Yes		Yes		Yes	
Sexual Orientation	Internet Search of other completed CMHT EQIAs. Positive of negative impact in the domain? 5. Hertfordshire CMHTs. No. 6. Westminster Community Forensic Service. No. 7. Kent and Medway MHLD Services: No. 8. Thetford CMHT. Yes.		yes		yes		yes		yes	

National Institute for Mental Health England (2007) Mental disorders suicide and deliberate self harm in lesbian, gay and bisexual people, London: NIHME.

LGB people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse, and DSH than heterosexual people.

Stonewall Cymru- Double Stigma The Needs And Experiences Of Lesbian, Gay And Bisexual People With Mental Health Issues Living In Wales- Summary Report 2009

Counted In! Third All Wales survey of lesbian, gay and bisexual people - *Summary Report 2007* is the third in a series of Stonewall Cymru All Wales Lesbian, Gay and Bisexual (LGB) Surveys and Needs Assessment Reports.

Stonewall Cymru's Inside-Out Project was a community led piece of research focussing on lesbian, gay and bisexual (LGB) people's experiences of accessing health services in North and Mid Wales which recognised that LGB people themselves are the best people to understand the health issues relevant to other LGB people.

Toe in the water was a small exploratory piece of research to look at the circumstances and experiences of black and minority ethnic (BME) individuals who identify as lesbian, gay or bisexual (BME) and live in Wales.

Securing Equality: How health care services can meet the needs of lesbian, gay and bisexual (LGB) people. Stonewall

Age	Prescription for change: Lesbian and bisexual women's health check 2008 Stonewall invited lesbian and bisexual women to complete a survey about their health needs and experiences of the health sector.									
		Yes		Yes		Yes		Yes		
Age	Internet Search of other completed CMHT EQIAs. Positive of negative impact in the domain? 9. Hertfordshire CMHTs. No. 10. Westminster Community Forensic Service. No. 11. Kent and Medway MHLD Services: No. 12. Thetford CMHT. Yes. **The other end of the telescope** A refocusing of mental health and well being for service users and carers **Report of All Wales Review of Mental Health Services WAG 2007**									
		Yes		Yes		Yes		Yes		
Religion or Belief	Internet Search of other completed CMHT EQIAs. Positive of negative impact in the domain? 13. Hertfordshire CMHTs. No. 14. Westminster Community Forensic Service. No.									

	15. Kent and Medway MHLD Services: No. 16. Thetford CMHT. Yes. **The other end of the telescope** A refocusing of mental health and well being for service users and carers **Report of All Wales Review of Mental Health Services WAG 2007**										
Welsh Language	Internet Search of other completed CMHT EQIAs. Positive of negative impact in the domain? 17. Hertfordshire CMHTs. NA 18. Westminster Community Forensic Service. NA. 19. Kent and Medway MHLD Services: NA. 20. Thetford CMHT. NA. Although most people in Cardiff and the Eastern Vale who prefer to speak in the Welsh Language, most have the ability to speak in English, however there the legislation would suggest that they should be able to choose to receive support from mental health services in the Welsh language medium and indeed that if this is their first language, that there are therapeutic befits to this. **The other end of the telescope** A refocusing of mental health and well being for service users and carers	Yes		Yes		Yes		Yes			

Report of All Wales Review of Mental Health Services WAG 2007									

People have a human right to: life; not to be tortured or treated in a degrading way; to be free from slavery or forced labour; to liberty; to a fair trial; not to be punished without legal authority; to respect for private and family life, home and correspondence; to freedom of thought, conscience and religion; to freedom of expression and of assembly; to marry and found a family and to not be discriminated against in relation to any of the rights contained in the European Convention.

Human Rights	The Policy takes account of the individual difference outlined and will ensure that the service user has access to an equitable, supportive and empathic service to meet their needs. The Policy directs staff to treat each person as a unique individual who will receive non-judgemental care that sustains dignity, respect and privacy. It takes account of all the other articles, particularly not to be tortured or treated in a degrading way; to respect for private and family life, home and correspondence; to freedom of thought, conscience and religion and freedom of expression.

* This column relates only to Disability due to the specific requirement in the DDA 2005 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	3	+3	P
Disability	3	+3	P
Gender	3	+3	P
Sexual Orientation	3	+3	P
Age	3	+3	P
Religion or Belief	3	+3	P
Welsh Language	3	-3	N
Human Rights	3	+3	P

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:	**Integrated Community Mental Health Team Operational Policy**
Organisation:	Cardiff and Vale University Health Board
Name: **Title:** **Department:**	Tim Goosey, Senior Nurse Manager, Community Mental Health Teams
Summary of Assessment:	Out of the eight equality strands 7 are assessed as having positive impact. The Community Mental Health Teams may struggle to meet Welsh Government Legislation on the provision of health care through the medium of Welsh. This is due to the rapid nature of the response times, which often prohibits rapid access to interpreters. As UHB wide commitment to addressing this issue will be required to address this legal requirement
Decision to Proceed to Part B Equality Impact Assessment:	**Yes.** As above**.**

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 EqIA 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 EqIA?	Many of the inequities identified in considering the dimensions in the EQIA are due to the lack of consistency in service provision across Cardiff and the Vale. The implementation and communication of the Operational Policy will serve to reduce some of these differences in service provision.	There is an explicit equality statement within the policy to publicly demonstrate our commitment to equality, diversity and human rights issues. There is a statutory requirement to do so.	Mental health service users, carers, relatives. All those who are required to use the Operational Policy in their day to day practice including GPs, Voluntary sector support services, Mental Health Social Services and professionals within the mental health division in addition to those who work as part of the Community Mental Health Teams.	Integrated Managers, Senior Nurse Manager, Community Mental Health Teams, Integrated Management Project Board, Integrated Management Operational Group, Mental Health Service Divisional Management Team.	April 2012.

			Patient Advocacy Services, including Cardiff (and Vale) Patients Councils, the Mental Health Development Project.		
2. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to **mitigate** these impacts?	Apart from those that are described in the Operational Policy, there is a need for the whole UHB to provide services in the Welsh Language medium, including mental health services.	Welsh Government Legislation in relation to the Welsh Language. **Welsh Language Scheme:** Page 3 – The importance of bilingual healthcare for people with mental health service users. Research has shown that these groups cannot be treated effectively except in their first language. Point 2.5.1 – welcome patient and service users to deal with us in Welsh or English face – to – face. **Welsh In The Health Service** - "The	People who prefer to receive mental health services in the Welsh language medium.	Welsh Government, Cardiff and vale University Health Board, Cardiff and Vale Mental health Service Division, Community Mental Health Teams.	April 2012

		Scope, Nature and Adequacy of Welsh Language Provision in the National Health Service in Wales by Andrew Misell" **Care Council for Wales: Welsh Speakers experiences of Health and Social Care**.			
3. **Justification**: For when a policy may have adverse impact on certain groups, but there is good reason not to mitigate.	Welsh language	Welsh language	Welsh language	Welsh language	
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**.	The Operational Policy includes and equality statement into that states that the policy is applicable to all	The University Health Board is explicit about its commitment to the equality agenda / legislation.	Patients will be primarily benefit which will impact positively on their families and / or patients as applicable.	Welsh Government down, including University health Board. Mental Health Service Division. Mental	April 2012

	as appropriate to individual, service area and organisational circumstances.			Health Community Mental Health Services.	
	It is envisaged that copies of the Operational Policy and documentation including appointment letters and other correspondence will be available in alternative formats, including Welsh if required as via appropriate Single Equality and Welsh Language Schemes.	To ensure that are policies and associated documentation are accessible to all, whatever their language of choice.	Any individual making the request for alternative language services / media as well as the organisations compliance with Welsh language legislation.		April 2013

Date:	26/4/2012
Monitoring Arrangements:	A number of the standards set out in the operational policy should be built into the Mental Health Service Key Performance Indicators (KPIs) and could be part of a reporting mechanism through the evolving mental health services dashboard. Service User Involvement and feedback. Complaints and Concerns. Community Operational Group. Community Project Board. CPA unmet need forms.
Review Date:	Minimum of 3 years from date of policy approval. Annually through the Directorate Policy Group.
Signature of all Parties:	*Tim Goosey* Tim Goosey, Senior Nurse Manager, Community Mental Health Teams