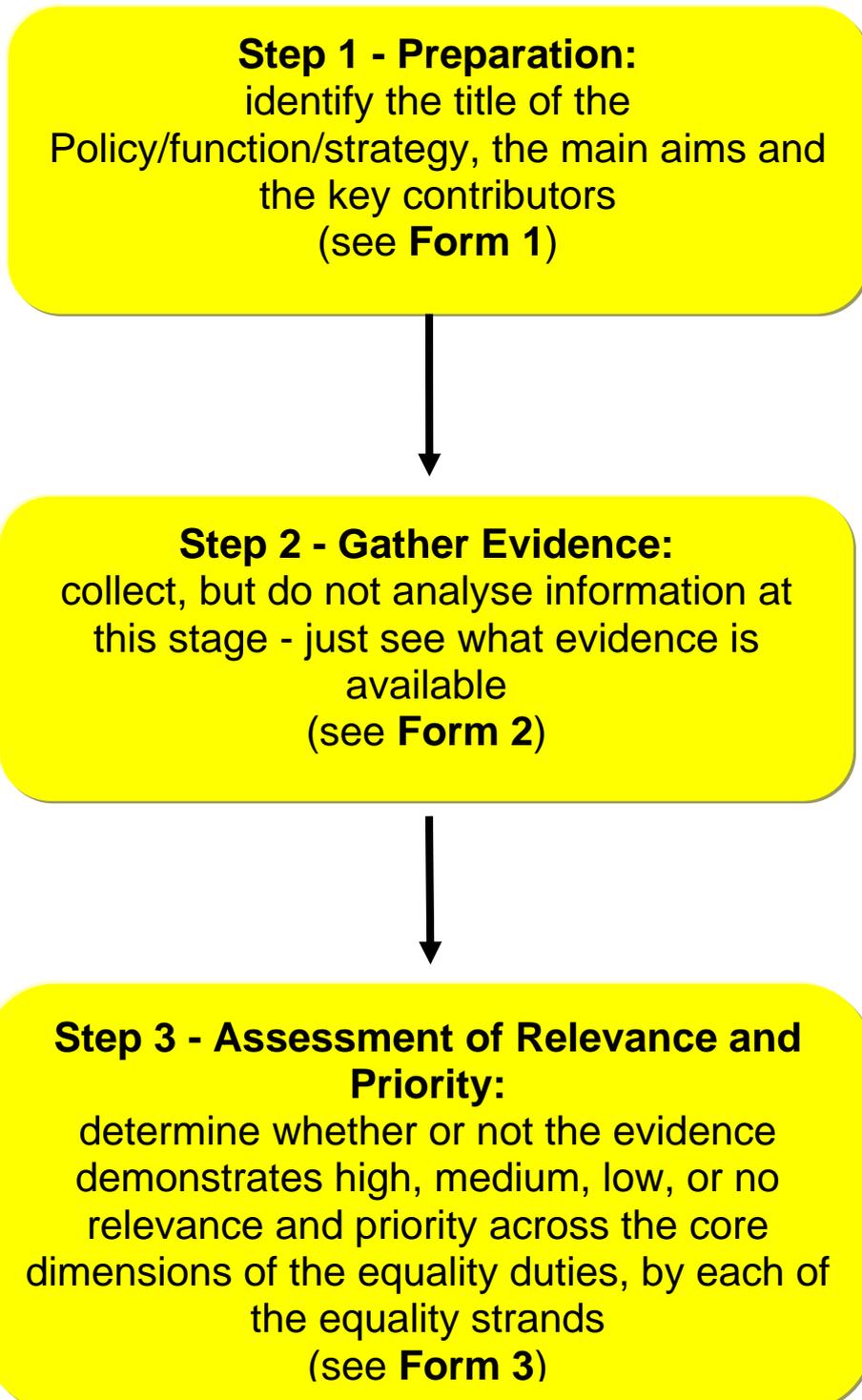


Part A: Preparation and Assessment of Relevance and Priority

Part A is a three step process which will help you to prioritise work and prepare for EqIA.



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?	Crisis Resolution and Home Treatment Team Operational Policy
2.	Policy Aims and Brief Description - what are its aims? Give a brief description of the Policy (The What, Why and How?)	The aim of this policy is to provide information on the operational process of Cardiff and Vale's Mental Health Crisis Resolution and Home Treatment Teams (CRHTTs).
3.	Who Owns/Defines the Policy? - who is responsible for the Policy/work?	Mental Health Division
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 and Liaison Services Tim Goosey Senior Nurse Manager Community Mental Health Teams Keighley Wilkinson Equality Advisor Mental Health Divisional Quality & Safety Group Mental Health Division Policy Group

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?	Equality and Human Rights Policy CMHT Operational Policy
6.	Stakeholders - Who is involved with or affected by this Policy?	<ul style="list-style-type: none">• All potential referrers to the service – GPs, CMHT staff, police, other mental health staff• Members of the public referred to the service, and their carers and families.

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.

Internal Factors

Staffing levels within the CRHTTs will determine the teams' ability to provide a service. The team operates throughout the 24 hour period, and as such its performance will be sustained by appropriate staffing levels, and likewise will be impaired by short-term sickness etc.

One of the CRHTTs has a dedicated Consultant Psychiatrist, and the other does not. This means that the residents in the South of Cardiff receive a different service to those in the North.

External Factors

The CRHTTs have external targets imposed on them from the Welsh Government, in relation to response times. They are measured against these, with an expected 95% compliance.

The CRHTTs have no control over the volume of referrals received. This averages between 3 a day, and 15 on a busy day. This impacts on the teams' abilities to see everyone within 4 hours of referral, as required by the Welsh Government.

The aim of the CRHTT is to offer an alternative to admission to psychiatric hospital; with this in mind it relies on the co-operation and willingness of clients and their families to accept the team into their homes. They are not able to enforce their care on their clients, and therefore their ability to avoid admission is sometimes outside of their control.

Step 1 - Preparation		
		<p>The two teams are located in different parts of Cardiff. The South Team is located separately from the two inpatient units; the North Team is co-located with one of the inpatient units. This gives the South Team the advantage of being near the homes of its clients, but not near the hospital services such as beds and the assessment suite that they are required to undertake most of their assessments in. This may impact on their ability to respond in a timely manner to the needs of inpatient services.</p>

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>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	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*	yes
Disability (physical and psychological)	<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>		yes		yes		yes		yes		
Gender	<p>No evidence</p>		no		no		no		no		

Sexual Orientation	National Institute for Mental Health England (2007) Mental disorders suicide and deliberate self harm in lesbian, gay and bisexual people, London: NIHME. “Our findings show that LGB people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse, and DSH than heterosexual people”		yes		yes		yes		yes		
Age	No evidence		No		no		no		no		
Religion or Belief	No evidence		no		no		no		no		
Welsh Language	No evidence		no		no		no		no		
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.										

* 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	+2	P
Disability	3	+3	P
Gender	3	+3	P
Sexual Orientation	3	+2	P
Age	3	+2	P
Religion or Belief	2	+2	P
Welsh Language	1	+1	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

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
+1	Low positive
+2	Medium positive
+3	High positive

0	No Impact (N)
1 to 9	Positive Impact (P)

FORM 4: (Part A) Outcome Report

Policy Title:	CRHTT Operational Policy
Organisation:	Cardiff and Vale University Health Board
Name: Title: Department:	Jayne Bell Senior Nurse Manager Mental Health
Summary of Assessment:	Out of the eight equality strands 7 are assessed as having positive impact. The CRHTT may struggle to meet WG 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.
Decision to Proceed to Part B Equality Impact Assessment:	<p style="text-align: center;">No</p> <p style="text-align: center;">Please record reason(s) for decision</p> <p>Policy will have positive impact which is identified through EqIA. No need to proceed further.</p>

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?					
2. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these impacts?					

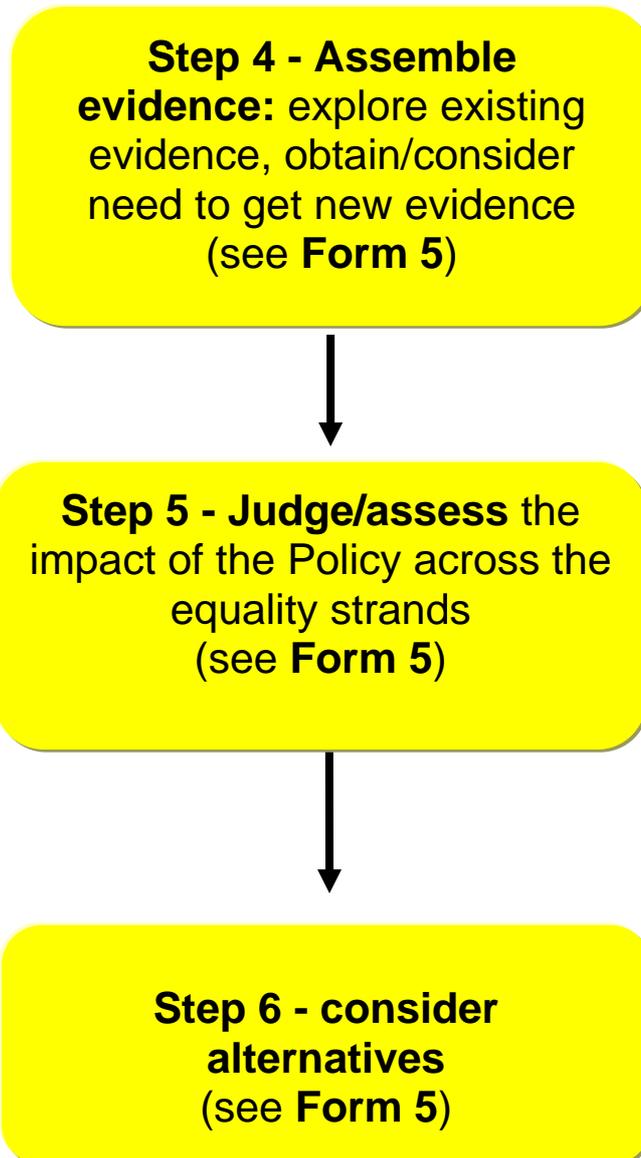
3. Justification: For when a policy may have adverse impact on certain groups, but there is good reason not to mitigate.					
4. Describe any mitigating actions taken?					
5. Provide details of any actions planned or taken to promote equality .					

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Date:	
Monitoring Arrangements:	
Review Date:	
Signature of all Parties:	

Part B: Equality Impact Assessment

Part B has three steps:



Form 5: Equality Impact Assessment

Step 4 - Assemble evidence		
1.	Do you have adequate information? Refer to Form 2 (Part A, Step 2: <i>Evidence Gathering</i>) If not, can the Policy go ahead during this process?	
2.	Does the evidence relate to all strands? (please explain)	
3.	What additional information is required?	
4.	State which representative bodies of relevant groups you will liaise with for support. Is the information representative?	

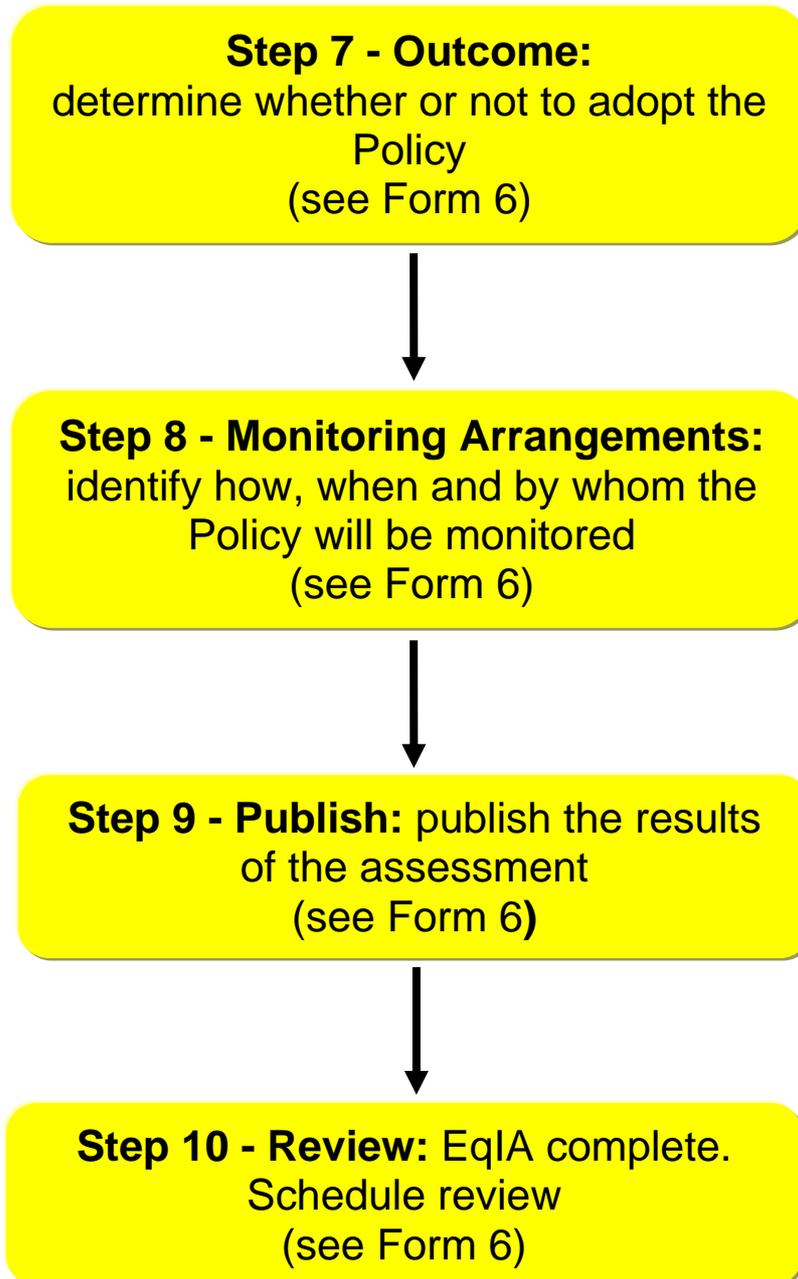
Step 5 - Judge/assess the impact of the policy across the equality strands					
Detail below whether you have identified any positive, adverse or differential effect for any of the following strands:					
EQUALITY STRAND/GROUP					
		Adverse	Differential	Positive	Comments
Age					
Disability					
Gender					
Race					
Religion or Belief					
Sexual Orientation					
Welsh Language					
Human Rights					

Step 6 - Consider Alternatives					
6.	Describe any mitigating actions taken to reduce adverse impact.				
7.	Is there a handling strategy for any unavoidable but not unlawful negative impacts that cannot be mitigated?				
8.	Describe actions taken to maximise the opportunity to promote equality i.e. changes to the Policy, regulation, guidance, communication, monitoring or review				
9.	What changes have been made as a result of the equality impact assessment?				

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Part C: Outcome, Monitoring, Publication and Review

Part C is a four step process as follows:



Form 6: Outcome, Monitoring, Publication and Review

Step 7 - Outcome: determine whether to adopt the policy or not		
1.	Will the policy be adopted?	
2.	If No please give reasons and any alternative action(s) agreed: (If the policy is not to be adopted please proceed to step 9).	
Step 8 - Monitoring arrangements: identify how, when and by whom the policy will be monitored.		
3.	How will the policy be monitored?	
4.	What monitoring data will be collected?	

5.	How will this data be collected?	
6.	When will the monitoring data be analysed?	
7.	Who will analyse the data?	
Step 9 - Publish the results of the assessment		
8.	What changes have been made?	

9.	Describe any mitigating actions taken Provide details of any actions taken to promote equality	
10.	Describe the arrangements for publishing the EQIA Outcome Report	
Step 10 - Schedule review		
11.	When will the policy be subject to a further review?	