

EQUALITY & DIVERSITY IMPACT ASSESSMENT

When completed, a copy of this EQIA form should be emailed to lynsey.fitzpatrick@nhs.net

Name of Policy/Strategy	Mental Health Change Programme		
Name of Division	Mental health, Psychology, Learning Disability and Substance Misuse Directorate		
Names and role of Review Team:	Denise Moffat (Lead Nurse) Fiona Patterson (Workforce Manager) Linda Mckechnie (CMHNT Manager) Lynnette Dickson (In Patient Services Manager) Discussions with LF on 17/12/15	Date(s) of assessment:	17/12/2015 Reviewed 24/2/15 by MH Steering Group
SECTION ONE AIMS OF THE PROGRAMME			
<p>Is this a new or existing Policy/Strategy:</p> <p>This programme builds on the current community mental health model of service. It proposes the reconfiguration of Midpark hospital beds to take account of the growing need for specialist dementia in patient services that provide contemporary assessment, care and treatment that maximises recovery and facilitates early discharge to home, or to an appropriate homely settings in an individual's community</p>			
<p>What is the aim or purpose of the Policy/Strategy:</p> <p>The Mental Health Change Programme provides a range of developments within community and in patient mental health services. The programme builds upon the current community based model of service, and particularly focuses on dementia services, crisis services, and reconfiguring Midpark in patient services.</p> <p>More focus on early interventions, supporting the health and wellbeing of service users and their carers</p>			

The programme aims to provide services that, where possible, keep people at home, or in a homely setting for as long as possible, facilitating hospital admission, only when all other community resources have been considered.

When hospital admission to acute care is required, mental health services will support colleagues in acute care to provide care to individuals that improves the patient experience, and facilitates discharge home as quickly as possible.

When admission to Midpark hospital is required, focus on early discharge, with seamless movement between in patient and community is strengthened by robust discharge planning and gatekeeping

The programme promotes a person centred approach, with less consideration of an individuals age, and more attention to individual need.

Who is this policy/strategy intended to benefit or affect? In what way? Who are the stakeholders?

This programme is intended to affect those individuals who require community and in patient services provided through the Mental Health Directorate.

It takes account of the changing demographics and the need to further develop dementia services, and to offer these services to an individual, regardless of age, gender, religion or culture.

The programme also provides a range of specialist support, advice and consultation to statutory, third and independent sectors, particularly in the management of stress and distress in individuals with a diagnosis of dementia, looking at ways of managing this distress in a way that improves the patient experience, and avoids hospital admission wherever possible.

The programme also provides 24/7 Crisis and Treatment Services, primarily aimed at those individuals in mental health crisis, their carers, statutory, third and independent sectors involved in their care.

How have these people been involved in the development of this policy/strategy?

A period of 6 months engagement with local mental health organisations, providing an opportunity to discuss the model of care with service users and carers, with a particular focus on how we develop dementia services.

Group	Date of Meeting	Staff to attend
6x Individual family members directly affected by the Darataigh	3 rd Nov 2015 by phone 10 th Nov 1:1 meetings 12 th Nov	LD DM;PH;IH DM
Elected Members	12 th Nov	DM,FG,JW,JA
Wigtownshire Area Committee	10 th Dec	DM,FG

Cornwall Park Care Home, Newton Stewart	12 th Jan 2016	DM, LMcK	
Thornycroft Care Home, Stranraer	26 th Jan 2016	DM, KH	
University of the Third Age	5 th Feb 2016	IH, KH	
Dumfries & Galloway Carers Centre, Stranraer	10 th Feb 2016	SY, KH	
Locality Mtgs SMT, Nithbank	15 th Feb 2016	DM, LF	
GP Sub Committee, Gardenhill	17 th Feb 2016	DM, DH	
Coronation Day Centre, Stranraer	8 th March, 2016	DM, TBC	
Alzheimers Scotland, Stranraer	11 th March, 2016	DM, KH	
Wigtownshire Community	16 th March, 2016	DM	

Transport		
Wigtown Hard of Hearing Group	17 th March, 2016	DM, KH
Loch Ree Practice, Waverley Medical Centre	17 th March, 2016	DM, KH
Monday Club/Building Healthy Communities	1 st April, 2016	DM, TBC

What resource implications are linked to this policy/strategy?

Delivery of this programme will require investment in Community Teams, In Patient Teams, Crisis and Assessment Teams (CATS), Home Based Memory Rehabilitation Teams, Interventions in Dementia, Education, Assessment and Support (IDEAS). The costs for these developments have been identified and support the Mental Health Directorate's financial plan

SECTION TWO	IMPACT ASSESSMENT
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Complete the following table, giving reasons or comments where:

The Programme could have a positive impact by contributing to the general duty by –

- Eliminating unlawful discrimination, harassment, victimisation or any other prohibited conduct
- Advancing equality of opportunity by having due regard to:
 - Removing or minimising disadvantage
 - Meeting the needs of particular groups that are different from the needs of others
 - Encouraging participation in public life
- Fostering good relations – tackling prejudice, promoting understanding

The Programme could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.

If any potential impact on any of these groups has been identified, please give details - including if impact is anticipated to be positive or negative.

Population Groups (Remember many people are in several of these groups which may add to their vulnerability)

	Positive impact	Adverse impact	No impact	Comments
Women Men	Yes			This programme promotes a person centred approach to care that is needs led and takes account of an individual's strengths.

Minority ethnic groups (includes gypsy travellers, refugees and asylum seekers)	Yes			Promoting and building community teams based across all 4 localities allows the opportunity to engage more closely with minority groups
Older People	Yes			Developing dementia services to address the growing needs of the Older Adult population in Dumfries and Galloway. Improving the patient journey through community and inpatient settings by promoting expertise and joint working to facilitate early discharge. Additional support to carers including older carers
Children & Young people	Yes			Carer support can often be provided by younger carers. This programme includes building the strength and resilience of carers through the Triangle of Care model. CAMHS services fall outwith this programme
Disabled People (includes physical disability, learning disability, sensory impairment, long-term medical conditions)	Yes			Specific focus is given to individuals with a diagnosis of Dementia, a Long term condition. The IDEAS team focuses on stress and distress, and considers a range of factors, including physical health factors that may be contributing to an individual's stress and distress.
People with different religions or beliefs (includes people with no belief)	Yes			The model of care is focussed on a person centred, strengths based model of care that recognises an individual's values and what is important to them. Specific work on how we promote our assessments, care planning and review, carer aware training and recognising the uniqueness of each individual is core to all of this programme

Lesbian/gay women	Yes			The model of care is focussed on a person centred, strengths based model of care that recognises an individual's values and what is important to them. Specific work on how we promote our assessments, care planning and review, carer aware training and recognising the uniqueness of each individual is core to all of this programme
Gay men	Yes			The model of care is focussed on a person centred, strengths based model of care that recognises an individual's values and what is important to them. Specific work on how we promote our assessments, care planning and review, carer aware training and recognising the uniqueness of each individual is core to all of this programme
Bisexual people	Yes			The model of care is focussed on a person centred, strengths based model of care that recognises an individual's values and what is important to them. Specific work on how we promote our assessments, care planning and review, carer aware training and recognising the uniqueness of each individual is core to all of this programme
Heterosexual people	Yes			The model of care is focussed on a person centred, strengths based model of care that recognises an individual's values and what is important to them. Specific work on how we promote our assessments, care planning and review, carer aware training and recognising the uniqueness of each individual is core to all of this programme
Transgender people	Yes			The model of care is focussed on a person centred, strengths based model of care that recognises an individual's values and what is important to them. Specific work on how we promote our assessments, care planning and review, carer aware training and recognising the uniqueness of each individual is core to all of this programme

Married and unmarried people/civil partnerships	Yes			The model of care is focussed on a person centred, strengths based model of care that recognises an individual's values and what is important to them. Specific work on how we promote our assessments, care planning and review, carer aware training and recognising the uniqueness of each individual is core to all of this programme
Issues relating to pregnancy and maternity	Yes			The programme aligns with the perinatal mental health integrated care pathway
Homeless	Yes			Services are based across all four localities in Dumfries and Galloway, and work relies on the close working relationships between primary care and the local authority. Where homelessness is identified, teams will work closely with individuals and services, to provide a range of interventions in a number of settings that takes account of possible challenges associated with homelessness
Looked after and Accommodated: Children Adults Older People	Yes			Developing care home liaison to promote expertise in Dementia care
People with language or social origin issues	Yes			The model of care is focussed on a person centred, strengths based model of care that recognises an individual's values and what is important to them. Specific work on how we promote our assessments, care planning and review, carer aware training and recognising the uniqueness of each individual is core to all of this programme

<p>Individuals with Mental Health issues</p>	<p>Yes</p>	<p>Yes</p>		<p>The developments set out in this programme focus on the assessed need of the individual with a mental disorder and their carers. Where NHS Intermediate care is required, this will be provided for all of Dumfries and Galloway in a centre of excellence, where highly skilled team promote expert interventions to reduce distressed behaviours and move to discharge to more appropriate community unit asap. Community services on hand to promote early transitions and ongoing management.</p> <p>Public perceptions of the closure of Darataigh Unit in Stranraer needs to be managed well. A 6 month engagement exercise is now underway until end May 15, with a report prepared in June 16. Delivering contemporary dementia care that fits with best practice and legislative drivers will be communicated to the local communities, with particular focus on Wigtownshire. Darataigh unit has been considerably underused for at least 3 years (8 patients in 3 years). There is currently no clinical need for the unit. Where clinical need is identified, there will be a period of time from early identification during in patient admission phase at Midpark Hospital to ready for discharge, which allows adequate time for preparation for reopening of Darataigh unit. This will be kept under continuous review by the clinical team at Midpark. Should the clinical need for the unit change, this will be communicated to the management team and existing staff on shadowing opportunities will be returned to work in the unit and staff vacancies will be recruited to. The building has been secured, and the environment is adequately prepared for use.</p>
<p>People involved in the criminal justice system</p>	<p>Yes</p>			<p>The changing demographic within the prison service suggests an increase in older age prisoners, with the increased possibility of prevalence of dementia. Services will have to be configured to attend to the healthcare needs of this population</p>

People in different socio-economic groups (includes those living in poverty, people of low income)	Yes			The model of care is focussed on a person centred, strengths based model of care that recognises an individual's values and what is important to them. Specific work on how we promote our assessments, care planning and review, carer aware training and recognising the uniqueness of each individual is core to all of this programme
People who have low literacy	Yes			Part of the development of this programme includes how we market the service, including easy read information leaflets and correspondence for individuals with literacy problems
People in remote, rural locations	Yes			Community services are based across all four localities.
Carers	Yes			The programme promotes the role of the carer, building in resilience for the carer, and promotes support to the carer which avoids crisis situations developing.
Staff (includes people with different work patterns, e.g. part/full time, short-term, job share, seasonal)	Yes			The programme will require additional staffing levels in both in patients and community teams, and redeploying staff in the peripheral in patient units that are no longer required. The work on redeployment and recruitment to developed posts are being managed by Senior managers from nursing, workforce, and from staff side.

What impact will the proposal have on equality? For example, will the changes affect:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating

Discrimination against groups of people	Yes			Positive impact on younger people with a diagnosis of dementia being able to access specialist dementia services.
Promoting equality of opportunity (consider potential action to reduce disadvantage; encourage participation in public life of all groups of people)	Yes			The model of services promotes individuals to remain at home, or in a homely setting, within their own communities, and encourages joint working with third and independent sectors to engage people in their own communities that helps to build resilience
Tackling harassment			No	
Promoting positive attitudes	Yes			Positive approach to increasing community mental health care, where individuals remain at home and communities and families are involved in a supportive way to help an individual through their mental health experiences. This will help to reduce the stigma associated with mental illness by increasing knowledge, community understanding, and resilience
Promoting good relations between different groups	Yes			The model of service relies on supportive networking between agencies, and promotes the role of the carer. Builds upon the Triangle of Care model.
Community capacity building and opportunities to build cohesion within and between communities				As above

Which human rights could be affected by the proposal?		
		Comments
Life (Article 2, ECHR)	<ul style="list-style-type: none"> • Basic necessities such as adequate nutrition, clean and safe drinking water • Suicide • Risk to life of/from others • Duties to protect life from risks by self/others • End of life questions • Duties of prevention, protection and remedy, including investigation of unexpected death 	<p>This programme offers a range of developments, including contemporary dementia care that supports fundamental and specialist care needs, promotes positive risk taking across age groups and attends to human rights legislation, Adult Support and Protection legislation, AWI, and the Mental health (Care and Treatment) (Scotland) Act.</p> <p>The model of care is based promoting values based practice, and where mental health legislation is required, the least restrictive alternative is considered, and can draw on a wider range of community resources to facilitate this.</p>
Freedom from ill-treatment (Article 3, ECHR)	<ul style="list-style-type: none"> • Fear, humiliation • Intense physical or mental suffering or anguish • Prevention of ill-treatment, protection and rehabilitation of survivors of ill-treatment • Duties of prevention, protection and remedy, including investigation of reasonably substantiated allegations of serious ill-treatment • Dignified living conditions 	As above
Liberty (Article 5, ECHR)	<ul style="list-style-type: none"> • Detention under mental health law • Review of continued justification of detention • Informing reasons for detention 	As above.

<p>Fair Hearing (Article 6, ECHR)</p>	<ul style="list-style-type: none"> • Staff disciplinary proceedings • Malpractice • Right to be heard • Procedural fairness • Effective participation in proceedings that determine rights such as employment, damages/compensation 	<p>We are drawing upon learning needs identified through skills analysis to support our staff through this change programme.</p>
<p>Private and family life (Article 8, ECHR)</p>	<ul style="list-style-type: none"> • Private life • Family life • Home • Correspondence • Reputation • Physical and moral integrity (e.g. freedom from non-consensual treatment, harassment or abuse) • Personal data, privacy and confidentiality • Sexual identity • Autonomy and self-determination • Relations with family/community • Participation in decisions that affect rights • Legal capacity in decision making, supported participation and decision making, accessible information and communication to support decision making • Participation in public life • Participation in leisure and culture life • Clean and healthy environment 	<p>This programme aims to keep people at home, with their family wherever possible, and where hospital admission is necessary, attempts are made to facilitate early discharge are pursued.</p>

Freedom of thought, conscience and religion (Article 9 ECHR)	<ul style="list-style-type: none"> • Conduct central to beliefs (such as worship, appropriate diet) 	
Freedom of expression (Article 10, ECHR)	<ul style="list-style-type: none"> • To hold opinions • To express opinions and receive and impart information and ideas without interference 	
Freedom of assembly and association (Article 11, ECHR)	<ul style="list-style-type: none"> • Meetings, marches and demonstrations • Choosing whether to belong to a trade union 	
Marriage and founding a family (Article 12, ECHR)	<ul style="list-style-type: none"> • Capacity • Age 	
Protocol 1 (Article 1, 2, 3 ECHR)	<ul style="list-style-type: none"> • Peaceful enjoyment of possessions • Right to education • Right to elections/vote 	

SECTION 3

EXAMINATION OF AVAILABLE DATA AND CONSULTATION

Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc

Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues:

Consultant Psychiatrists, Registered Mental Health Nursing Leads, Workforce Business Partners, Director of Psychology, AHP leads. Senior colleagues in Acute and Primary Care teams, finance colleagues

Engagement exercise will include older adult groups, Alzheimer Scotland groups, individuals affected by dementia and their carers, elected members, GPs

What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?

Qualitative Evaluation data and quantitative measures from IDEAS pilot.

CATS quantitative data regarding hospital admission data.

Comments from engagement exercise will be recorded and considered

What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?

Promoting mental health services as close to home or in a homely setting is a key directive from Scottish Government (2020 vision)

What gaps in knowledge are there?

There is a need to understand and promote patient and carer feedback mechanisms to understand how we continue to develop services. The triangle of Care model seeks to understand and encourage this feedback loop to strengthen the carers role, to promote person centeredness and to develop a more customer centric approach to services

In relation to the groups identified:

What are the potential impacts on health?

Reduction in stress and distress by supporting individuals to remain at home, or in a homely setting.

Will the Programme impact on access to health care? If yes - in what way?

Promotes appropriate focussed health care that strengthens access for physical and mental health services

Will the Programme impact on the experience of health care? If yes - in what way?

Yes. This programme offers a range of additional services that strengthen care in community settings, and promotes a centre of excellence in dementia care across the Midpark in patient service

HAVE ANY POTENTIAL NEGATIVE IMPACTS BEEN IDENTIFIED?

If so, what action been proposed to counteract these? Negative impacts (if yes, state how) e.g.

- Is there any unlawful discrimination?
- Could any community get an adverse outcome?
- Could any group be excluded from the benefits of the Programme/function?
- Does it reinforce negative stereotypes?

Recommendations (This should include any action required to address negative impacts identified):

MONITORING

How will you monitor how this proposal affects different groups, including people with protected characteristics?

What monitoring arrangements are in place?

Who will monitor?

FOR NEW POLICIES ONLY

What research or consultation has been done?

What stage is the Programme at?

What is the target date for completion?

Is a more detailed assessment needed? (It is not necessary to subject all proposals to a detailed assessment.) If so, for what

reason?

COMPLETED POLICY

Who will sign this off?

When?

PUBLICATION

How will this be published?

Carried Out by

Title

Signature

Date

Authorised by

Title

Signature

Date

Note that you may be contacted by the Equality lead for quality control and/or monitoring purposes