

## NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact [CITAdminTeam@ggc.scot.nhs.uk](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

NHSGGC Mental Health Assessment Units

Is this a: Current Service  Service Development  Service Redesign  New Service  New Policy  Policy Review

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

*What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.*

The Mental Health Assessment Units (MHAUs) were established as a new unscheduled care service in NHS Greater Glasgow and Clyde in March 2020 in response to the coronavirus outbreak and the need to reduce presentations at NHSGGC Acute Hospital Emergency Departments (EDs), and provide an alternative location to assess and support patients who are experiencing a mental health crisis or distress and who require a specialist mental health assessment and who do not require medical treatment.

These are also the accelerated realisation of the earlier non-covid related aims of the Five Year Strategy for Adult Mental Health Services in NHSGGC (2018-2023) to divert “all assessment and treatment for people with Mental Health problems who do not require medical treatment (or otherwise to be managed by a clinical unit for behavioural reasons) out of the main ED.”

Mental Health Assessment Units deliver a simpler referral pathway and offer an immediate route out of ED for those who present in mental health crisis. This has reduced presentations to EDs and prevents, or significantly reduces, the use of cubicle time. Vulnerable patients are largely managed away from the stressful ED environment, with other patients less exposed to people who may be in marked emotional and psychological distress. This model of care was endorsed by Scottish Government in July 2020, with a national requirement for all MH services to provide care according to four parameters that the GGC MHAUs have already met.

The MHAU is a specialist service which will provide an assessment, diagnosis and management to patients who are presenting in mental health crisis/distress. The MHAU provides one point of access 24/7 offering same day emergency mental health assessment for profession to profession referrals from EDs, Scottish Ambulance Service (SAS), Police Scotland, NHS 24, NHS24 Mental Health Hub, GPs, Out of Hours GP Service, Compassionate Distress Response Service (CDRS), Flow and Navigation Centre and Urgent Care Resource Hub.

*Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)*

The Mental Health Assessment Units (MHAUs) were established as a new unscheduled care service in Greater Glasgow and Clyde in March 2020 in response to the coronavirus outbreak and the need to reduce presentations at GG&C Acute Hospital Emergency Departments (EDs), and provide an alternative location to assess and support patients who are experiencing a mental health crisis or distress and who require a specialist mental health assessment but do not require medical treatment.

As part of Unscheduled Care in Mental Health the implementation of the MHAUs continues to be part of the 10 year Scottish government strategy which sets out a future vision for Scotland's mental health. This vision is one where people can get the right help at the right time, expect recovery and fully enjoy their rights, free from discrimination and stigma. It seeks equal access to effective and safe care and treatment.

The Five Year Strategy for Adult Mental Health, outlines how this will be achieved in GG&C through service changes.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

<p>Name:</p>  <p>Gillian Reilly</p>	<p>Date of Lead Reviewer Training:</p> <p><b>Training not attended, however, QA Review completed by EHRT with no risk identified from evidence returned.</b></p>
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Kelda Gaffney, Head of Service, Gillian Reilly Service Manager, Specialist Service, Dr Alex Thom Clinical Director

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	<p>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>Data is collected via EMIS and includes information on Service User age, gender, socioeconomic status, sexual orientation, religion and disability.</p> <p>Service referral data is collected in order to consider referral and attendance trends.</p> <p>The service also regularly conducts audits in order to more comprehensively look at referral trends and outcomes.</p> <p>MHAU has introduced electronic records (EMIS) and is following GG&amp;C guidance around the new GDPR. It is researching service activity and measurement options that can be utilised via EMIS reporting. This will enable ongoing data collection and analysis to continue to inform service improvement.</p>	<p>Additional functionality has been switched on in EMIS web for MHS. As of February 2022, an alert appears- with in a patients EMIS record when no ethnicity is recorded. This prompts the clinicians to complete the patient's ethnicity status within a clinical template. A guidance doc has been circulated to all staff.</p>
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the</p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement</i></p>	<p>The MHAUs provide one point of access 24/7</p> <p>In these cases, the service is responsive to individual needs and encourages an appropriate use of the service with a timely professional response to requests for assessment, care management / intervention.</p>	

<p>General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>The service operates 365 days/nights per year.</p> <p>In one area in particular, data from the MHAUs will be fed through to the recently established NHSGGC expert panel on Mental Health and Ethnicity. The purpose of the Panel is as follows:</p> <ul style="list-style-type: none"> <li>• To support the development of a ‘whole system’ approach to supporting improvement in BME Mental Health outcomes, through advising on integrating strategies across and between programmes of work.</li> <li>• To support the Mental Health Strategy Programme Board work streams and other initiatives to ensure service developments meet the needs of BAME people, drawing on best practice and evidence-based research.</li> <li>• To have oversight over BAME mental health indicators (to be agreed by the Panel) and advise and recommend improvements.</li> <li>• To monitor and review the implementation of recommendations.</li> <li>• To promote a better understanding of racialisation in health and social care, and support training and education in partnership with NHS Boards, HSCPs and third sector stakeholders.</li> <li>• To support research and learning in partnership with other organisations in Scotland and nationally/internationally.</li> <li>• To review and advise on reforming policies and strategies relating to BAME mental health across NHS GG&amp;C and Scotland.</li> </ul>	
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		<i>Example</i>	Service Evidence Provided	
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity X <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics X <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>Mental Health services link with the Mental Health Network which is a contracted service to ensure we have a permanent voice for those with mental health issues in our planning and delivery of services.</p> <p>As the MHAU is a new service, we are currently linking with the MHN to collate patient experience and also plan in the longer term to establish a dedicated reference group with people's lived experience in mental health to help shape the service moving forward.</p> <p>Mental Health services recognise the evidence describing the complex relationships between mental health and protected characteristics. Individual assessments, as described elsewhere, attempt to capture this information in order to best and most appropriately respond to the individual's needs.</p>	

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X <input type="checkbox"/></p> <p>2) Promote equality of opportunity X <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics X <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>The MHAU use a satisfaction questionnaire across both sites to help gather patient experience this is collected and presented via the Mental Health Network which enables the service to gather patient experience. This information is disaggregated via P.C.</p> <p>In collaboration with the mental health network we are working on developing an online response which may have an impact on increasing user/carer feedback which will be disaggregated via P.C.</p>	<p>As a result of patient experience and feedback changes were made to the waiting areas and door entry system, we also took steps to sound proof the interview rooms.</p> <p>As a result of patient feedback we now accept direct referrals from GPs, this means that the patient does not have to go through several different routes for access to mental health services. We now offer same day emergency mental health assessment in the safest environment which could be local health centres to help minimise travel or alternatively provide transport to and from MHAU to mitigate financial challenges and ensure access for all.</p>

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity X <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. X <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>There are no physical barriers that prevent access to the MHAU. If a patient has been assessed as safe to travel from EDs, home and or GP surgeries a taxi will be provided to collect the individual to transfer to the MHAU and following assessment return a patient back to their home. If the patient is unsafe or unable to travel then staff from the MHAU will attend the patient's current location.</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X <input type="checkbox"/></p> <p>2) Promote equality of opportunity X <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics X <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>Communication was developed and sent out via GG&amp;C Comms, Core Brief and to all stake holders accessing the service. Following communications there was an ask for all community services to update their patient information leaflet to advise of new pathway for accessing mental health services for Unscheduled Care. The initial access line to Mental Health Service was a chargeable number (0845) for patients therefore joint working with NHS 24 provided a free telephone contact line which offers free access for patients who are in a mental health crisis. We left a 3 month answering machine message on the chargeable number (in use 20yr) advising patients to re-dial NHS 24 111 which is a non-chargeable number. We also have a service leaflet in use.</p> <p>As communication is key, staff will demonstrate clear initiative to communicate with people for example; interpreters are booked prior to carrying out an assessment and rebooked to ensure continuity of care if there is further contact required immediately following the service intervention. When interpreters are required the HSCP/NHSGG&amp;C Interpreting and Communication Support Policy will be followed and add Interpreter now app for BSL, AVA app for lip readers, Capita Live Link App for telephone interpreting to their phones.</p> <p>Staff on both hospital sites have access to a shared Chromebook providing direct access to sign language specialists</p> <p>We take an approach to communicating with people who access care that is non-judgemental, anti-stigmatising and that challenges stereotypes.</p>	
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	review or policy has taken note of this.			
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X <input type="checkbox"/></p> <p>2) Promote equality of opportunity X <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. X <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The MHAUs offer a service to individuals from age 16 upwards this is provided by specialist dedicated CAMHS nurses based in the MHAU for 16-17 years.</p> <p>The rationale for not seeing individuals younger than 16 is due to having a specialist CAMHS service who offer input directly into the QUEH children's ED department and there is a 2<sup>nd</sup> on call for Psychiatry available to them.</p>		
(b)	Disability	MHAUs offer a comprehensive mental health assessment for individuals in mental health crisis inclusive of consideration in relation to disability. Measures are taken where required in order that	We are also looking to develop a bespoke training resource for mental health	

	<p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X <input type="checkbox"/></p> <p>2) Promote equality of opportunity X <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. X <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>everyone receives an individualised service and MHAUs will work jointly with other services including social work as required.</p> <p>Staff have good awareness on how to access BSL interpreters.</p> <p>All face to face assessment are carried out within the MHAU/ED which have been assessed for disability access. The MHAU will also offer home assessment if a patient is unable to travel due to their physical, mental health or changes related to an Autistic Spectrum Disorder (ASD).</p> <p>Staff will conduct routine sensitive enquiry where they are able dependent on patients clinical presentation</p>	<p>staff to support care delivery for this with ASD.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(c)</p>	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X <input type="checkbox"/></p> <p>2) Promote equality of opportunity X <input type="checkbox"/></p>	<p>MHAUs offer a comprehensive mental health assessment for individuals in mental health crisis inclusive of consideration in relation to Gender Reassignment, staff would explore the person's journey in the reassignment process/ how they wish to be addressed/ any distress or victimisation caused by their situation and this would be addressed during their involvement, assessment and treatment whilst involved in the service.</p> <p>There is good access to information on Equalities in Health via Staffnet and eLearning.</p> <p>The GG&amp;C transgender policy will be circulated for reference.</p>	

	<p>3) Foster good relations between protected characteristics X <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Staff will conduct routine sensitive enquiry where they are able dependent on patients clinical presentation</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
(d)	<p><b>Marriage and Civil Partnership</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X <input type="checkbox"/></p> <p>2) Promote equality of opportunity X <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics X <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>MHAUs offer a comprehensive mental health assessment for individuals in mental health crisis inclusive of consideration in relation to Marriage and Civil Partnership.</p> <p>MHAU's are committed to delivering non-discriminatory care and treats all people who enter the service with dignity and respect.</p> <p>Staff recognise and embrace diversity and respect lifestyle choices. This characteristic would emerge within the initial assessment and may be relevant in terms of identity and development of mental health difficulties. The team have good experience and would consider routinely as part of an individualised formulation and care plan.</p> <p>Staff recognise changes in the legal framework regarding legal civil partnerships.</p> <p>Staff will conduct routine sensitive enquiry where they are able dependent on patients clinical presentation</p>	
(e)	<p><b>Pregnancy and Maternity</b></p>	<p>MHAU offer a comprehensive mental health assessment for individuals in mental health crisis inclusive of consideration in relation to Pregnancy and Maternity.</p>	

	<p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/> X</p> <p>2) Promote equality of opportunity #X <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. X <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The MHAU staff work closely with the Perinatal Service to discuss any pregnancy and maternity concerns. The MHAUs have a direct pathway to refer patient into the Perinatal Service and Mother and Baby Unit following assessment. A room could be requested by any nursing mothers who are in attendance within the MHAU and staff would support this and any other related issues are dealt with sensitively and individually.</p> <p>Staff will conduct routine sensitive enquiry where they are able dependent on patients clinical presentation</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X <input type="checkbox"/></p> <p>2) Promote equality of opportunity X <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics X <input type="checkbox"/></p>	<p>MHAUs offer a comprehensive mental health assessment for individuals in mental health crisis inclusive of consideration in relation to Race.</p> <p>The MHAU is committed to delivering non-discriminatory care and treats all people involved with the service with dignity and respect. The service is open to all people inclusive of consideration in relation to race. Any known incidents of racism are recorded on the incident review system (Datix)</p> <p>Staff will conduct routine sensitive enquiry where they are able dependent on patients clinical presentation</p>	

	4) Not applicable <input type="checkbox"/>		
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X <input type="checkbox"/></p> <p>2) Promote equality of opportunity X <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. X <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>MHAUs offer a comprehensive mental health assessment for individuals in mental health crisis inclusive of consideration in relation to Religion and Belief.</p> <p>An individual's faith / spirituality is established at assessment and considered as a protective factor in their individualised formulation. Any related requirements are considered seriously by the service as they arise.</p> <p>Staff will conduct routine sensitive enquiry where they are able dependent on patients clinical presentation</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>MHAUs offer a comprehensive mental health assessment for individuals in mental health crisis inclusive of consideration in relation to Sex.</p> <p>Service Users can request a male or female staff member, especially when disclosing sensitive information such as physical, emotional or sexual abuse.</p>	

	<p>1) Remove discrimination, harassment and victimisation X <input type="checkbox"/></p> <p>2) Promote equality of opportunity X <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. X <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>All staff are required to undertake Equality and Diversity as part of the mandatory training on Learnpro.</p> <p>Staff will conduct routine sensitive enquiry where they are able dependent on patients clinical presentation</p>	
(i)	<p><b>Sexual Orientation</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X <input type="checkbox"/></p> <p>2) Promote equality of opportunity X <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. X <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>MHAUs offer a comprehensive mental health assessment for individuals in mental health crisis inclusive of consideration in relation to Sexual Orientation.</p> <p>The MHAU is committed to delivering non-discriminatory care and treats all people who enter the service with dignity and respect.</p> <p>Staff recognise and embrace diversity. This characteristic would emerge within the initial assessment and may be relevant in terms of identity and development of mental health difficulties. The team has good experience working with this and would consider routinely as part of an individualised formulation and care plan.</p> <p>Staff recognise changes in legal framework regarding legal civil partnerships.</p> <p>Staff will conduct routine sensitive enquiry where they are able dependent on patients clinical presentation</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

<p>(j) <b>Socio – Economic Status &amp; Social Class</b></p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: <a href="http://www.gov.scot">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> <li>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</li> <li>2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?</li> <li>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?</li> <li>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</li> <li>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability</li> </ol>	<p>MHAUs offer a comprehensive mental health assessment for individuals in mental health crisis inclusive of consideration in relation to Socio-Economic Status and Social Class.</p> <p>The service has good awareness of social class discrimination.</p> <p>Financial strain can impact significantly on a service user’s mental health therefore this is considered at assessment.</p> <p>Any financial challenges can be addressed in conjunction with referral and support from Social Work Department or voluntary and 3<sup>rd</sup> sector services, including commissioned services that focus on financial inclusion.</p> <p>Staff will conduct routine sensitive enquiry where they are able dependent on patients clinical presentation</p>	
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	<p>and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)<sup>21</sup> provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement<sup>22</sup> should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p><b>Other marginalised groups</b></p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers &amp; refugees and travellers?</p>	<p>Each Service User is individually assessed. Links are made with all other relevant services including homelessness, addiction, liaison, and prison as required.</p> <p>Staff will conduct routine sensitive enquiry where they are able dependent on patients clinical presentation</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>Cost savings were not an aim in establishing this service. Some resources have subsequently been realigned between Crisis services and MHAUs to reflect the shift in how unscheduled care services respond to mental health crisis / distress however these changes do not disproportionately impact on protected characteristic groups.</p>	

	2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable X <input checked="" type="checkbox"/>		
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	As a core outline in annual appraisal, equality and diversity are included for every member of staff at their yearly review. All staff are supported to complete the mandatory learnpro module on equality and human rights and this is discussed regularly in line management supervision.	

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

A key aim of the service is to preserve life, and either promote recovery or/and improve quality of life. There is recognition that often Service Users can be reluctant to receive lifesaving treatment and occasionally the Mental Health Act 2003 has to be used in order to preserve life. This is done with sensitivity balancing freedom and autonomy with quality care, treatment and any required restrictions. All Service Users are informed of their rights and given help to support them.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR\* .

The Mental Health Act 2003 is only used when required. Legal criterion are carefully applied. Decisions are made in a multidisciplinary context with the Service Users needs and rights at the centre of decision making. Detained Service Users have access to a mental health officer and may appeal through a solicitor. They are treated with compassion at all times.

\*

- Facts: What is the experience of the individuals involved and what are the important facts to understand?
- Analyse rights: Develop an analysis of the human rights at stake
- Identify responsibilities: Identify what needs to be done and who is responsible for doing it
- Review actions: Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

The MHAU pathway has streamlined the patient's journey to either a 1 hour response within the ED (due to risk assessment), transfer direct to MHAUs markedly reducing the waiting times within ED for mental health assessment. Police Scotland and Scottish Ambulance Service can also bring patients direct to the MHAU without going through ED.

In addition the Scottish Ambulance Service also provide a Triage Car staffed by a paramedic and a Mental Health Registered Nurse (provided by the MHAU) offering a direct incident response to emergency mental health distress/ crisis situations within the community.

Consultant Connect offers a direct response to GPs across GG&C providing direct access to refer or discuss mental health presentations of concern.

With the redesign of services as outlined above this provides streamlined patient care offering a rapid response and access to mental health assessment in the most appropriate environment to meet the needs of the patient.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
Work in collaboration with the Mental Health Network in identifying patient with lived experience who may consider being part of a reference group to feed into the Unscheduled Care Steering Group regarding ongoing service development.	October 2022 Operational Manager	Specialist Services

Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

Lead Reviewer:

EQIA Sign Off:

Name

Job Title

Signature

Date

Gillian Reilly

25/11/22

Quality Assurance Sign Off:

Name

Job Title

Signature

Date

Alastair Low

25/11/22

NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL  
MEETING THE NEEDS OF DIVERSE COMMUNITIES  
6 MONTHLY REVIEW SHEET

Name of Policy/Current Service/Service Development/Service Redesign:

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Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)