

NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool for Frontline Patient Services

It is essential to follow the EQIA Guidance in completing this form

Name of Current Service/Service Development/Service Redesign:

Community mental Health Team - East Dunbartonshire Community Health Partnership

Please tick box to indicate if this is a: Current Service Service Development Service Redesign

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

The Community Mental Health Team is a multi-disciplinary team which operates from Kirkintilloch Health and Care Centre and offers support to people who suffer from a severe and enduring mental illness. The service operates from Monday to Friday 9am – 6pm and can be accessed by people aged 18 – 65 living within the Strathkelvin area of East Dunbartonshire CHP (Kirkintilloch, Bishopbriggs, Lenzie, Milton of Campsie, Torrance, Twechar) and the Northern Corridor of North Lanarkshire. (Gartcosh, Muirhead, Moodiesburn, Chryston, Steps)

The Community Mental Health Team works closely with the Crisis Resolution Team, Primary Care Mental Health Team, Mental Health Inpatient Units. The team also accept referrals from a number of agencies including GP's, SW, liaison psychiatry, addiction services.

Who is the lead reviewer and where based?

EQIA led by Fran McBride Head Occupational Therapist Kirkintilloch Health and Care Centre, 10 Saramago Street, Kirkintilloch

Lead reviewer Mark Richards, Head of Mental Health and Partnerships, East Dunbartonshire CHP, Stobhill Hospital, 133 Balornock Road, Glasgow, G21 3UW

Please list the staff groupings of all those involved in carrying out this EQIA
(when non-NHS staff are involved please record their organisation or reason for inclusion):

Fran McBride, Head Occupational Therapist, CMHT
Catherine McCrae, Nurse Team Leader, CMHT
Jennifer Dick, Advanced Occupational Therapist
Peter Cameron, Peer Support Worker

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
	<ul style="list-style-type: none"> • Equality and Diversity information is collected on PIMS • Following referral and discharge to/from the service a letter is written to the G.P. • The service uses Arial 12 formatting in written communications with clients and alters this to meet specific needs where appropriate • DNA's to assessment clinic currently being collated and analysed. 	<ul style="list-style-type: none"> • The service does not capture full equalities information at the point of contact. There is a need to ensure that equality and diversity information is being collected consistently • General non attendances can be tracked on PIMS although this information has not been analysed. • Information on travel to/location, parking facilities at clinics is included in a service leaflet which is awaiting ratification.
Gender	<p>In a twelve month period from 2009 – 2010, 59% of referrals were female and 41% male.</p> <ul style="list-style-type: none"> • Gender data is collected on PIMS. • Gender matching is accommodated, where appropriate. • Flexibility offered in time and location of appointments. 	<ul style="list-style-type: none"> • There is a need to explore the different pathways into the service between men and women. • Facilities do not promote privacy around sharing of confidential information i.e. soundproofing of rooms/KHCC

	<ul style="list-style-type: none"> • Staff are aware of the transgender policy and its impact. • Clinicians are sensitive in asking and responding to gender based violence issues. • Staff are aware of and adhere to GG&C Gender Based Violence policy. 	
<p>Ethnicity</p>	<p>3.1% of the population of East Dunbartonshire are from a minority ethnic community which is above the Scottish average. Within East Dunbartonshire, there are a high percentage of Indian people, mostly of Hindu background.</p> <ul style="list-style-type: none"> • G.Ps record preferred language on referral. The service can arrange interpreters through the NHSGGC Interpreting Policy. • Clinical staff are aware of process for accessing interpreters and will lengthen appointment times if interpreters are being used. • Support and advice on more complex issues, particularly for asylum seekers and refugees, is sought from the Compass Team. • Clinical staff can access some translatable information on request. • Ethnicity is recorded as part of the initial assessment on the Core Data Sheet. • Clinical staff issue self help information, some of which is available in different languages on request. 	<ul style="list-style-type: none"> • The travelling community has been identified as a hard to reach group and there is a need to ensure G.Ps who provide services to these groups are able to access Mental Health Service. • Staff may also require further information/ literature on travelling communities and mental health issues • A CMHT service leaflet has been developed outlining the service but is awaiting ratification at CHP before circulation to specific groups. • Staff may require refresher training in awareness of and assessment of needs for specific cultural groups. • Ethnicity is not routinely gathered on PIMS system. • Staff require awareness of how to access interpreters • Information on ethnicity gathered on Core Data Sheet not analysed. • Information on external agencies offering

	<ul style="list-style-type: none"> • Staff are aware of and sensitive to treatment issues, for specific ethnic groups e.g. medication 	<p>support to those from a specific ethnic background requires to be updated</p>
<p>Disability</p>	<p>The Community Mental Health Team visit service users in their own home. Service users may also be seen within the Kirkintilloch Health and Care Centre.</p> <ul style="list-style-type: none"> • The service is aware of Disability legislation and understands that Mental Health problems can fall into this category and that patients are protected under this legislation. • Kirkintilloch Health and Care Centre has a portable loop system. • Disabled parking is available outside the Kirkintilloch Health and Care Centre. • Additional issues regarding physical access are identified at the point of referral. • Referrers indicate on the referral form whether staff require communication support and/or have a Disability. • Flexibility offered in time and location of appointments to accommodate specific needs. • There are some clinical staff within EDCHP who are accessible for signing with patients. • There is a toilet for those with a disability within Kirkintilloch Health and Care Centre • Signers can be booked for people with communication needs, either through Deaf Connections or Deaf Blind Scotland. 	<ul style="list-style-type: none"> • Information on disability not routinely gathered or analysed • Further information is required around the Disability legislation particularly around understanding the impact of the mental health condition on an individual's health. • There is no system in place at reception for people who are Deaf Blind. • East Dunbartonshire Kirkintilloch Health and Care Centre has an open reception area making it difficult for some patients to discuss private issues around appointments • Although interview/counselling rooms are available, there are known privacy/dignity issues, due to soundproofing. • There is a toilet for those with a disability within Kirkintilloch Health and Care Centre however access is limited at specific times of the week as used by other clinical teams. • Gap in information and signposting for service users attending the centre. • Although KHCC is accessible to guide dogs, Deaf Blind Scotland has advised on areas which could be improved, this includes automatic door entry system to the centre,

	<ul style="list-style-type: none"> • Counselling rooms are available on the ground floor of Kirkintilloch Health and Care Centre with disabled access for those who require it. • Staff are aware of and refer onto services offering support for those with specific needs associated to a particular disability. • Some staff have completed disability Awareness training. • Staff are aware of and refer to agencies offering support to carers with a disability. • Staff are aware of and refer to agencies offering advocacy for service users with a disability 	<p>limited visual aids within KHCC, highlighting glass partitions.</p> <ul style="list-style-type: none"> • There is not a specified drop off area at the KHCC for those of limited physical ability. • Staff may require an awareness of the needs of Deaf Blind service users. • Staff require an awareness of signers within ED CHP and how these can be accessed
Sexual Orientation	<ul style="list-style-type: none"> • Clinicians are aware of and deal sensitively with issues that may be highlighted around gender based violence for all forms of relationships. • All staff treat service users with respect, sensitivity and dignity • Clinicians are sensitive to the mental health issues that can occur around sexual orientation. Staff are aware of and signpost to organisations that offer support for those who have specific needs around sexual orientation. 	<ul style="list-style-type: none"> • For those accessing services information on sexual orientation is not routinely collected or analysed. • Staff require further training/ information around sexual orientation and areas that may impact on mental health
Religion and belief	<ul style="list-style-type: none"> • Information on religious beliefs asked and recorded on core data sheets • Flexibility of times and appointment can be made to accommodate service users in order to 	<ul style="list-style-type: none"> • Information on religious beliefs collated but not analysed • Staff require training on understanding of beliefs and cultural issues and how they

	<p>accommodate religious beliefs within working hours of service.</p> <ul style="list-style-type: none"> • Staff have access to a resource pack with information on organisations, religions, including festivals and events. • Staff are aware of and link in with relevant religious groups offering supporting to service users. 	<p>impact on mental health.</p> <ul style="list-style-type: none"> • Staff require awareness of resource pack with information on organisations, religions, including festivals and events on GG&C Intranet
<p>Age (Children/Young People/Older People)</p>	<p>63% of the population of East Dunbartonshire are young and middle aged (16 – 44). In a twelve month period 2009 – 2010 the highest number of referrals to the CMHT were for clients aged 35 – 44 years at 25% followed closely by 24% of referrals being 45 – 54 years.</p> <ul style="list-style-type: none"> • 16- 35 year olds with a first time psychosis may receive a service from Esteem services. • Flexibility is offered in time and location of appointments within service operating hours • Clinicians issue and refer to healthy Reading Materials available in GP surgeries, libraries and a variety of other public places. • Service offers flexibility in venue for appointments, accommodating all age groups. • KHCC offers generic space suitable for all age groups. • Clinicians assess and adapt treatment approaches to meet the needs of all specific age groups. 	<ul style="list-style-type: none"> • There is a need to investigate referral rates in relation to age across all age groups • No web based information for access by different age groups • A service information leaflet has been developed but awaiting approval at CHP therefore not in use. • KHCC interview rooms are generic in nature and may not be inviting for all ages groups i.e. young people.

	<ul style="list-style-type: none"> • Woodlands Resource Centre provides a service to people who are 65 years and above, with a severe and enduring mental health problem. • A supportive transfer of care is arranged for those service users moving from Adult Mental Health Services into Older Peoples mental health services. 	
<p>Social Class/ Socio-Economic Status</p>	<p>62.5% of the population of East Dunbartonshire are of working age.</p> <ul style="list-style-type: none"> • Flexibility is offered in time and location of appointments within service operating hours. • Staff have an awareness of current socio economic challenges and its impact on mental health service users • Service users have access to Mental Health Social Workers within the team. • Clinicians refer to CMHT OT for employment support and also external agencies. • Positive examples of partnership working with Job Centre Plus. i.e. shadowing, employment clinic, changes to benefits systems. • Staff are aware of and signpost service users to organisations offering welfare support i.e. CAB/Welfare rights, housing. • Staff are aware of and refer to Homeless services when required. 	<ul style="list-style-type: none"> • Service operates Mon – Fri, 9am – 6pm not always accommodating those who are working, carers. • Separate systems for access to Social Work Departments due to CMHT catchments covering two local authorities' areas (North Lanarkshire and East Dunbartonshire).

Additional marginalisation	<ul style="list-style-type: none"> Referrals for staff members received to the team are triaged and managed sensitively with staff/carers having the option of being seen by another Mental Health Team in another area to provide dignity/privacy. 	
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Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p> <p><u>Data analysis</u></p> <ul style="list-style-type: none"> Equalities specific information i.e. gender, ethnicity, DNA rates and reasons measured (Move to electronic SSA/Core Data Sheet would allow collation analysis) Analysis of data sets required to consider access to service for specific groups. 	January 2012	Local PIMS Group /Team Leads
<p>Specific Actions</p> <p><u>KHCC actions</u></p> <p>The following areas identified within the KHCC have been raised with Operational Manager and the Building Users Group :-</p> <p>-open use of toilet for those with a disability</p>	January 2012	HG

<ul style="list-style-type: none"> - use of counselling rooms to ensure concerns regarding soundproofing are addressed - access/exit from KHCC for those who require use of a guide dog - lack of signposting for service users attending the centre 		
<p><u>Service Information</u></p>		
<ul style="list-style-type: none"> • Directions to the centre to be included with appointment letters including methods of transport available (public transport, dial-a-bus, patient transport services, disabled parking). 	January 2012	CH
<ul style="list-style-type: none"> • Raise awareness with staff on mental health web links and information available in different languages 	January 2012	EM
<ul style="list-style-type: none"> • Service leaflet to be issued to service users and carers when accessing Community Mental Health Team once ratified 	January 2012	FMcB
<ul style="list-style-type: none"> • CHP Web based information on service currently being developed for access by public patients and public 	January 2012	DL
<ul style="list-style-type: none"> • Involvement of mental health peer support workers in supporting evaluation of service delivery with service users. 	January 2012	FMcB
<p><u>Accessing service</u></p>		
<ul style="list-style-type: none"> • From data analysis explore the pathways into the service for specific groups i.e. gender, ethnicity, disability, all age group categories 	October 2011	All team leads
<ul style="list-style-type: none"> • Consider flexibility of appointment times for those who are working, carers. 		
<p><u>Training</u></p>		
<ul style="list-style-type: none"> • Identify staff who may require training in gender based violence, cultural and religious, Disability and Sexual orientation awareness 	October 2011	Team Leads
<ul style="list-style-type: none"> • Awareness raising of religious beliefs information pack on GG&C intranet. 	October 2011	CH
<ul style="list-style-type: none"> • Awareness raising of how to access signers and interpreters. 	October 2011	CH

Ongoing 6 Monthly Review

Please write your 6 monthly EQIA review date: January 2012

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Lead Reviewer: Name: Mark Richards
Sign Off: Job Title Head of Mental Health
 Signature
 Date: 10 October 2011

Please email copy of the completed EQIA form to irene.mackenzie@ggc.scot.nhs.uk

Irene Mackenzie, Corporate Information and Development Manager, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ. Tel: 0141-201-4970.