
EQUALITY IMPACT ASSESMENT

Transforming Mental Health Services in Gwent-Formal Engagement & Consultation



FEBRUARY/ MARCH 2021

ANEURIN BEVAN UNIVERSITY HEALTH BOARD - St Cadocs Hospital

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Milestone Review – Post Formal Engagement Period (Stage 2) February 2021

22.02.21 This Equality Impact Assessment (EqIA) has been reviewed at a key milestone of the engagement process, namely following the engagement period which concluded 21.02.21 (midnight).

As part of the engagement process this record was made public supporting the core discussion document 'Adult Mental Health Transformation in Gwent'. All stakeholders and members of the public were asked to comment, provide feedback, suggestions in their preferable communication style on all documents. As a result, the following observations were recorded anonymously through the online digital survey accessible through the Aneurin Bevan University Health Board Website. A specific question as outlined below in relation to the EqIA was asked as part of the engagement stakeholder survey to allow for further opportunity to makes suggestions or raise concerns around the inclusivity of the programme.

Q33. Is there anything you would specifically draw our attention to in respect of the Equality Impact Assessment?

Survey Responses & Mitigation:

1.	<ul style="list-style-type: none">Although you are gathering views for mental health and are accounting for gender, age and ethnicity are you gathering information on people with a learning difficulty, physical disability, sexual orientation and religion as all of these factors can have an impact on the service you receive for any mental health issues.	Yes, if it is relevant to our engagement activities. Everyone has a right to ensure their privacy and only provides the information if they wish to do so. Consideration has been given to GDPR throughout this programme of engagement.
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2.	<ul style="list-style-type: none"> Definitely Promoting equality and individuals to know their rights and given choices and options to support their mental health and wellbeing by respecting their back ground 	This has been the intention throughout all activities that all protected characteristics are given the opportunity to contribute throughout in a way that his accessible and comfortable to them and will continue to do so,
3.	<ul style="list-style-type: none"> Many people who should have their views taken into account need other ways on being consulted -they may not be able to fill in surveys. 	This engagement period and all relevant consultation activities has been planned to provide a gateway for everyone to contribute however they feel comfortable doing so. This includes one to one conversation with individuals that do not wish to contribute in a virtual public event and individuals with learning disabilities have provided views via ambassadors and supporting providers.
4.	<ul style="list-style-type: none"> The well-being act outlines that an individual should be involved at all stages of their care this needs to be incorporated into the planning phase of these services 	This engagement period and all relevant consultation activities has been planned to provide a gateway for everyone to contribute however they feel comfortable doing so. This includes one to one

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		conversation with individuals that do not wish to contribute in a virtual public event and individuals with learning disabilities have provided views via ambassadors and supporting providers.
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Comments

	Observation/ Comment	Directorate/ Service Area.
1.	Changes of location to service delivery will require attention to travel / transportation accessible for all within the required hours of accessibility.	ALL
2.	MELO/ Self Help resources requires digital access and ability to operate.	Foundation Tier/ PCMHSS/ ALL
3.	Perception that individuals with co-occurring mental health conditions and specialist support requirements do not have timely access to support as those without need of additional support for co-occurring needs.	Crisis Services/ AMH
4.	Minority groups- accessibility for refugees and similar communities, not easily accessible and inequitable.	ALL
5.	ASD services not able to access timely support during crisis.	Crisis Services/ AMH

As a result, these comments and observations will be presented to Ian Thomas, General Manager (SRO), and Senior Management Team for Mental Health & Learning Disabilities Division.

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Screening: Form 1: Preparation

1.	What are you equality impact assessing?	Engagement activity supporting the 'Transforming Adult Mental Health Services in Gwent' programme of work for the Mental Health & Learning Disabilities Division of Aneurin Bevan University Health Board
2.	Brief Aims and Description	Engagement on the broad adult mental health service model and specific areas of proposed improvement in the Foundation Tier, Primary care Mental Health Services, crisis services and specialist inpatient services.
3.	Who is responsible for the work?	Mental Health & Learning Disabilities Division of Aneurin Bevan University Health Board
4.	Who is involved in undertaking this EqIA?	<ul style="list-style-type: none">• Mental Health and Learning Disabilities Division• Community Health Council
5.	Is the Programme related to other policies/areas of work?	The broad service model links to the Gwent Clinical Futures Strategy. The specific service improvements link to the implementation of Divisional priorities outlined in the Aneurin Bevan University Health Board Integrated Medium-Term Plan (IMTP).

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6.	Stakeholders – who is involved with or affected by this Programme	<ul style="list-style-type: none"> • Service Users of Adult Mental Health Services in Aneurin Bevan University Health Board • Carer & families of service users of Adult Mental Health Services in Aneurin Bevan University Health Board • Workforce within Adult Mental Health Services in Aneurin Bevan University Health Board • Providers of MH Services in Aneurin Bevan University Health Board • 3rd Sector providers of MH Services in Aneurin Bevan University Health Board • Emergency Services • Members of Public of Gwent
7.	What might help/hinder the success of the Programme?	<p>Ensuring the programme as a whole understand the views, perspective and experience of those affected by the service provision of MHL Division in ABUHB, and is supported by experiences, perspectives and professional leadership and guidance both operationally and clinically.</p> <p>Support from stakeholders and the public is required in order to effectively develop our ideas and plans. This work is part of an engagement strategy to seek the views of the service users, the public, staff and stakeholders to ensure that their views are taken account of in making any proposed service improvements following the period of engagement.</p>

Form 2: Information Gathering

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	Age	Disability***	Gender	Gender Reassignment	Pregnancy and Maternity	Race/Ethnicity or Nationality	Religion or Belief	Sexual Orientation	Welsh Language	No Differences Either Position or Negative
<p><i>Is the Programme you are considering relevant to the public duties relating to each Protected Characteristic (listed to the right)?</i></p> <p>Place a Tick ✓ or a Cross ✗ as appropriate</p>										
<p>In other words, does the Programme:</p> <ul style="list-style-type: none"> eliminate discrimination and eliminate harassment in relation to... 	✓	✓	✓	✓	✓	✓	✓	✓	✓	
<ul style="list-style-type: none"> promote equality of opportunity in relation to... 	✓	✓	✓	✓	✓	✓	✓	✓	✓	
<ul style="list-style-type: none"> promote good relationships and positive attitudes in relation to... 	✓	✓	✓	✓	✓	✓	✓	✓	✓	

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<ul style="list-style-type: none"> encourage participation in public life in relation to... (Yes, by ensuring provision is made to ensure everyone is able to participate in engagement and consultation with a variety of methodologies to provide physical access to events and information as well as virtually, through documentation, newsletter, information boards, Easy Read, BSL etc) 	✓	✓	✓	✓	✓	✓	✓	✓	✓	
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*** In relation to disability only, as part of your assessment you MUST consider whether there is a need to make reasonable adjustment(s). The law requires this even if it involves treating some individuals more favourably in order to meet their needs

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Form 2: Information Gathering (Human Rights)

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to **Appendix A: The Legislative Framework**.

Depending on the Programme you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the Programme relevant to:	Yes	No
Article 2: The right to life Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	✓	
Article 3: The right not be tortured or treated in an inhuman or degrading way Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	✓	
Article 5: The right to liberty	✓	

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<p>Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control</p>		
<p>Article 6: The right to a fair trial</p> <p>Example: issues of patient choice, control, empowerment and independence</p>	✓	
<p>Article 8: The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</p> <p>Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p>	✓	
<p>Article 11: The right to freedom of thought, conscience and religion</p> <p>Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p>	✓	

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Stage 2

Individuals or groups of people with 'protected characteristics' as identified under the Equality Act are often at 'high risk' of developing mental health problems.

The equality screening process will be discussed and reviewed by the Transformation Board using the NHS Centre for Equality and Human Rights Toolkit as a framework. Mental health issues can affect anyone among the population at any stage of life. However, national statistics show that there are higher incidences of mental health issues among certain protected groups and that it will be important to ensure that the needs of service users are fully explored during the consultation process.

Drawing on national research, Mind (in their report "Our Communities, Our Mental Health" add the year of the research highlight the following: -

Age	20 per cent of children have a mental health problem in any given year, and about 10 per cent at any one time. A quarter of older people in the community have symptoms of depression that require an intervention, and this increases to 40 per cent of care home residents.
Disability	Physical illness more than doubles the risk of depression, and between 30 per cent and 50 per cent of adults with learning disability in the UK have mental health problems.
Gender	There are clear differences in the way women and men experience mental health problems. Women are more likely to report common mental health problems. Girls are also more likely than boys to self-harm, and eating disorders are more common in young women compared to young men. Men are more likely to have undiagnosed depression, be detained under the Mental Health Act and take their own life compared to women.
Human Rights	The rights safeguarded by the European Convention on Human Rights, and which have been domesticated by the Human Rights Act, have had an immense impact in the way people with mental health problems, learning disabilities and dementia are treated. Both, the European Convention and the Human Rights Act have played a central role in empowering

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	<p>people experiencing mental health problems and shifting the power balance between service providers/commissioners/the state and service users and their families.</p> <p>The rights contained in the European Convention also have an impact on day to day staff and carer practice in the mental health sector. Staff and providers of services in the mental health field have the duty to treat people with dignity and respect people's human rights in everything they do. This includes:</p> <ul style="list-style-type: none"> • ensuring that people are cleaned and not left for a long period of time in their own waste • avoiding verbal and physical abuse • ensuring that people's family are informed and can visit people who are in hospitals • ensuring that people have access to their medical records. <p>Human rights law is the foundation of every law, including mental health law. Below are a few examples of improvements which have resulted as a consequence of human rights challenges:</p> <ul style="list-style-type: none"> • Access to justice for victims with mental health problems. • Changes in the Mental Health Act 1983: the Act was amended in 2007 to be human rights compliant. • Mental Capacity Legislation: The Mental Capacity Act (MCA) is underpinned by human rights principles. • The introduction of the Deprivation of Liberty Safeguards (DoLS).
Pregnancy and Maternity	<p>Mental health problems affect between 10 and 20 per cent of women at some point during the perinatal period (pregnancy and one year after birth). Poor maternal health can also increase the risk of mental health in children.</p> <p>Within the Mind report the following issues are also identified as contributory risk factors: - Trauma and stressful events, poverty, unemployment and housing insecurity, social isolation and loneliness, discrimination, and inequality.</p>

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Race/ Ethnicity or Nationality	<p>Black African and Caribbean people living in the UK have lower reported rates of common mental health problems compared to other ethnic groups, however they are more likely to be diagnosed with severe mental health problems. Black African and Caribbean people are also much more likely to be detained under the Mental Health Act compared to other ethnic groups. Young women from ethnic minorities are much more likely to take their own life than White British women.</p> <p>There is a broad range of national evidence that indicates if reasonable adjustment is not made for disabled people, then they will be disadvantaged.</p> <p>Other studies have found that about one-quarter of deaf students have learning difficulties, developmental delay, visual impairment, or autism.⁵</p> <p>Deaf children who have trouble communicating with their families are four times more likely to be affected by mental health disorders than deaf children who have few or no problems communicating with family members</p> <p>Because of these communication problems, the majority of participants in one study of deaf individuals found that the deaf preferred a deaf professional to provide them with mental health services.</p> <p>The National Association of the Deaf notes that deaf people have the right to push for referrals to mental health professionals who have experience working with those who are deaf or are hard of hearing.</p>
Religion or Belief	<p>Spiritual awareness, practices and beliefs (of any religion or for those engaging in spiritual practices without a particular faith) is associated with psychological benefits, including subjective wellbeing.</p>

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Sexual Orientation	<ul style="list-style-type: none">• Lesbian, gay, and bisexual people are at increased risk of mental health problems, including self-harm and attempted suicide. Lesbian, gay, and bisexual people have a 1.5-fold increased risk of depression and anxiety.• Trans people are at increased risk of depression and self-harm, and a third of trans people have attempted to take their own life• Separation, divorce and being widowed is associated with increased risk of mental health
Welsh Language	Whether Welsh translation services are required-in line with Welsh standards directives. The Discussion document, and online survey was also provided in Welsh language.

Statistics collected on referrals and admissions within mental health services will reflect the population from across Gwent. However, we are mindful that the needs of minority groups accessing our services will need to be taken into account working towards a new service delivery.

Looking at evidence outlined above, we believe that transforming Mental Health Services has a high relevance to the Health Board's obligation to meet its duties under equality legislation to eliminate discrimination, advance equality and foster good relations between people who share protected characteristics and those who do not. The way in which we deliver mental health services must consider the needs of those who access our services. Through consultation, we intend to undertake further targeted engagement with groups identified above as being at higher risk of experiencing mental health issues.

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Form 3: Assessment of Relevance and Priority

Stage 3

As a result of the pre-engagement and formal engagement period, we have started to identify potential impacts and any actions for reducing or eliminating disadvantage. Further evidence to inform the EqIA process will be gathered during formal consultation.

We have undertaken an exercise (Stakeholder Mapping and Analysis) to help us identify who we would need to engage with to find out more information on how people accessing our mental health services may be affected by our proposals. We want to know how our decisions may impact on our service users (particularly from protected groups), their families and carers, our staff and partner organisations. Engagement activities will be undertaken to capture the perspectives of the public, staff and stakeholders about issues, concerns and questions related to existing mental health services and our proposed new model of mental health services.

Overview of Engagement activities (quantitative data):

- **Engagement Activities:** 11th January 2021 launched via Health Board Webpage to **Public**
- Launch information issued direct via email to **165 stakeholders**
 - Direct reissued; (w/c 25th January 2021/8th & 15th February 2021)
- **Social Media** supporting activity
 - **Facebook**
 - Focussed articles placed on Facebook by:
 - ABUHB/Gwent Police
 - (**91** comments/**182** shares)
 - Facebook articles shared to additional Gwent community sites with total public audience of **27,000**
 - **Twitter**

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- Impressions **24,611**
- Engagements **333**
- Launched on ABUHB MHL D Transformation Web Page
- Publication links shared direct to the identified 165 Stakeholders and MHL D WOD at launched and reissued w/c 25th January /8th & 15th February 2021

Shared Articles widely via:

- Facebook Community sites have published our article with large public activity with a potential 27,100 local audience
- Twitter - *to Individuals & Organisation accounts where available*
- LinkedIn Networks

Our Stakeholders include; ABUHB Divisions, NHS, Partners, 3rd Sector, Local Authorities, politicians, communities

Responses:

- 189 Questionnaires were returned
- 300 plus additional comments requested for contribution
- 90 expressions of interest to become 'Transformation Champions'
- **7** -Formal Public 'virtual' Meetings
- **3**- Division Engagement Meetings with MHL D WOD
- In addition, 'to date' **20** meetings attended – **14** more booked with:
 - ✓ NHS/Stakeholders/3rd Sector
 - ✓ Service User Forums
 - ✓ Public Community Forums
 - ✓ Concurrent AHPs internal workshops for SISU
 - ✓ 95 individuals have expressed interest in becoming 'Champions' for our Transforming Adult Mental Health Services in Gwent Programme
 - ✓ (This includes; WoD/Service Partners & Service Users)

Form 4: Examine the Information Gathered So Far

1.	Do you have adequate information? (Refer to Form 2: Information Gathering for assistance if necessary)	<p>Yes</p> <p>The evidence gathered from this engagement will be used to gather further feedback in relation to gaps in our information that will help to inform service improvements.</p> <p>The engagement period has allowed us to review the written and verbal feedback received to ensure that we have offered and delivered accessible communication as appropriate, ensuring access to all and the ability to express concerns, provide feedback and ask questions.</p>
2.	Can you proceed with the Programme whilst the EqIA is ongoing?	<p>Yes, through the engagement and consultation process with a view to gathering further information that will further enhance this impact assessment.</p> <p>The EqIA will continue to be reviewed at key milestones throughout the engagement and consultation process of the programme and will be acted upon as appropriate.</p>
3.	Does the information collected relate to all protected characteristics?	<p>Yes</p> <p>Information will be gathered to understand further areas where information is needed through the engagement process.</p>

		Review of information collected to date (22.2.21- closing of initial (stage 2) engagement process), demonstrates that we continue to collect details only if relevant to views, perspectives and experiences that will help inform service development to improve service user experience
4.	What additional information (if any) is required?	Asylum seekers and refugees accessing Mental Health Services in Gwent and are provisions adequate to meet their needs?
5.	How are you going to collect the additional information needed? State which representative bodies you will be liaising with to achieve this	<ul style="list-style-type: none"> • Guidance followed by ABUHB in relation to Senior Nurse Asylum Seeker & Vulnerable Groups, Primary Care- Star Moyo •

Form 5: Judge/Assess the Potential Impact of the programme across the Protected Characteristics

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
Age	Yes	<ul style="list-style-type: none"> <u>Age group splits of admissions into our services from January 2017 – December 2019 (2020 is excluded due to Covid exception).</u> <p>There is no notable change in demand of age groups over time, the percentages below give the average demand by age group into inpatient admissions over the last 5 years. Over 65's does account for 42% of overall admissions into our services, but again there has been no significant increase in this overtime.</p>	x		

		<p>In relation to referrals into our services, the following % are noted. In referrals those 65+ account for 20% of overall referrals, whereas the age group 18-35 account for 35% of our referral demand. Again, similarly to the admissions demand there has been no significant shift in any noted age group overtime, the demand and age group categories remains steady in the years of data analysis. However, some providers are predicting a 20 per cent increase across all their mental health services, while also facing a 10-30 per cent reduction in how many patients they can care for at once because of the required infection control and social distancing measures.</p>			
Disability	Yes	Improve service provision	x		
Gender	Yes	Department of Health 'Health Building Note 03-01: Adult Acute Mental Health Units' 2013 states that:	x		

		<p>"Since 2000, all new-build units have been required to incorporate single bedrooms, ideally with en-suite facilities. Refurbishment of existing hospitals has also introduced more single rooms".</p> <p>A sexual safeguarding review undertaken within the Division also highlighted that All inpatient units should provide a designated female friendly environment, that will consist of women only bedrooms, lounge area and bathrooms/toilets and where possible outside area.</p>			
Gender Reassignment	Yes	Trans people are at increased risk of depression and self-harm, and a third of trans people have attempted to take their own life			
Human Rights	Yes	<p>Human rights law is the foundation of every law, including mental health law. Below are a few examples of improvements which have resulted as a consequence of human rights challenges:</p> <ul style="list-style-type: none"> • Access to justice for victims with mental health problems. • Changes in the Mental Health Act 1983: the Act was amended in 2007 to be human rights compliant. 			

		<ul style="list-style-type: none"> • Mental Capacity Legislation: The Mental Capacity Act (MCA) is underpinned by human rights principles. • The introduction of the Deprivation of Liberty Safeguards (DoLS). 			
Pregnancy and Maternity	Yes	<p>Service provision will ensure health of mother and Baby. Mental health problems affect between 10 and 20 per cent of women at some point during the perinatal period (pregnancy and one year after birth). Poor maternal health can also increase the risk of mental health in children.</p> <p>Within the Mind report the following issues are also identified as contributory risk factors: - Trauma and stressful events, poverty, unemployment and housing insecurity, social isolation and loneliness, discrimination, and inequality.</p>	x		
Race	Yes	<ul style="list-style-type: none"> • Black African and Caribbean people living in the UK have lower reported rates of common mental health problems compared to other ethnic groups, however they are more likely to be diagnosed with severe mental health problems. Black African and Caribbean people are also much more likely to be detained under the Mental Health Act compared to other ethnic groups. Young 			

		<p>women from ethnic minorities are much more likely to take their own life than White British women.</p> <ul style="list-style-type: none"> • Many refugees and asylum seekers will experience something called Post-Traumatic Stress Disorder (PTSD). Someone with PTSD may relive trauma through nightmares and flashbacks. • Children and young people can also be affected by poor mental health or well-being. Secondary schools have counselling services which can be used by pupils if they feel worried, anxious or confused. 			
Religion/Belief	Yes	<ul style="list-style-type: none"> • Service provision will be sensitive to the needs of all religion/belief and non-belief preferences Relevant facilities and provisions will be available. 	x		
Sexual Orientation	Yes	<ul style="list-style-type: none"> • Lesbian, gay, and bisexual people are at increased risk of mental health problems, including self-harm and attempted suicide. Lesbian, gay, and bisexual people have a 			

		1.5-fold increased risk of depression and anxiety. Service provision will be sensitive to the needs of all sexual orientations			
Welsh Language	Yes	Welsh language provision	x		

Form 6: Consider Any Alternatives which will reduce or eliminate any Negative Impact

1.	Describe any mitigating actions taken to reduce negative impact	<ul style="list-style-type: none"> Full stakeholder analysis undertaken with consideration given to all protected characteristics, including appropriate access to documents, access to buildings (if applicable), various methods to communicate/ feedback/ ask questions/ raise concerns. Welsh language materials available, Translation/Interpretation offered on request in other community languages. Support from specialist services and providers will be sought to ensure outreach to all stakeholders.
2.	Is there a handling strategy for any unavoidable but not unlawful negative impacts that cannot be mitigated?	<ul style="list-style-type: none"> Advice and support has been requested from specialist services if required to ensure mitigation of any negative impact on individuals

3.	Describe any actions taken to maximise the opportunity to promote equality, ie: changes to the Policy, regulation, guidance, communication, monitoring or review	<ul style="list-style-type: none"> Full stake holder analysis undertaken including governance, seeking advice and guidance from appropriate services such as Local Authority Providers 3rd Sector Charities Specialist Services
4.	What changes have been made as a result of conducting this EqIA?	<ul style="list-style-type: none"> Requesting support from providers with skills to communicate appropriately with service users and families across the protected characteristics these include: Service users, colleagues and stakeholders with Learning Disabilities, Autism/ ADHD and service user who have complex care needs including Specialist Eating Disorders, Substance misuse, minority groups. <p>23.2.21- Following the conclusion of the pre engagement and formal engagement period, comments, feedback and the survey results were analysed. Comments were gathered from the survey and tabled (page 1 of this update review document) and also responses and</p>

		<p>suggestions from other engagement activities. These will be presented to the Ian Thomas (SRO), Senior Management Team of MHL Division for escalation and mitigation (if required).</p>
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Elimination/mitigation of negative impacts and enhancement of positive impacts for protected groups

The project will work towards eliminating or mitigating negative impacts identified from the engagement process and on an ongoing basis throughout each stage of the project. The development of a new service model offers opportunities for positive impacts and improving staff and patient experiences and work will be centred on the enhancement of these.

It is important to note that as the consultation process progresses, further information on possible equality impacts may come to light, which will need to be captured and considered as part of a consultation plan on an ongoing basis.

Work around improving accessibility for people with sensory loss will be a key point for discussion during service development. The introduction of applications and using technology to support communications is an area that will be considered and the project group will seek to actively engage with sensory loss groups in Gwent on this matter.

Further, a positive impact is expected with the introduction of the proposed Crisis Assessment and Services Unit (CASU) which will provide a localised central building, for 24hr Crisis Assessments, additionally, a Support House provision is in development to provide an alternative to admission.

Form 7: Outcome Report

Organisation:	
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Proposal Sponsored by:	Name:	
	Title:	
	Department:	

Policy Title:	
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Brief Aims and Objectives of Policy:	
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	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Was the decision reached to proceed to full Equality Impact Assessment?:	Record Reasons for Decision:	
If no, are there any issues to be addressed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Record Details:	

Is the Policy Lawful?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Will the Policy be adopted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If no, please record the reason and any further action required:	

Are monitoring arrangements in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Refer to Action Plan (Form 8)	

Who is the Lead Officer?	Name:	
	Title:	
	Department:	
Review Date of Policy:		

Signature of all parties	Name	Title	Signature

Please Note: An Action Plan should be attached to this Outcome Report prior to signature

Form 8: Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of EQiA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.

This Action Plan should be completed in combination with the Outcome Report.

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
1. Will the Policy be adopted?	Yes / No				

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
<p>2. If No please give reasons and any alternative action(s) agreed:</p> <p>(If the Policy is not to be adopted please proceed to Step 9).</p>					
3. How will the affects of the Policy be monitored?					
4. What monitoring data will be collected?					

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
5. How will this data be collected?					
6. When will the monitoring data be analysed?					
7. Who will analyse the data?					
8. What changes have been made as a result of this EqIA?					
9. Where a Policy may have differential impact on certain groups, state what arrangements are in place or					

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
are proposed to mitigate these impacts					
10. Justification: for when a policy may have a negative impact on certain groups, but there is good reason not to mitigate, state those reasons here					
11. Provide details of any actions planned or taken to promote equality					

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
12. Describe the arrangements for publishing the EqIA Outcome Report					
13. When will the EqIA be subject to further Review?					

How this project will benefit patients, communities and employees with all the nine characteristics protected by the Equality Act 2010

Any option selected will be seen as an opportunity to retain and reinforce any existing good practice and to address any current inequalities or failure to positively promote equality and diversity. Depending on which options are progressed as part of the next phase of the work, different protected groups may see different improvements and these would be identified through subsequent EqIAs as part of plans to implement service change.

We will explore ways of eliminating current weaknesses in the system such as duplication of care and accessibility and we remain committed to ensuring that, as far as practicably possible, opportunities for promoting equality and human rights are maximised and any potential or actual negative impact is eliminated or minimised as this development continues.

References

- Nelson C, Bruce SM. [Children Who Are Deaf/Hard of Hearing with Disabilities: Paths to Language and Literacy](#). *Educ Sci*. 2019;9(2):134. doi:10.3390/educsci9020134
- <https://www.verywellmind.com/mental-health-issues-in-the-deaf-community-380577>
- <https://www.mentalhealth.org.uk/a-to-z/h/human-rights-and-mental-health>
- <https://sanctuary.gov.wales/healthandwellbeing>
- https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Report_Mental-health-services-NHS-Reset_FNL.pdf

