

Full Equality Impact Assessment Record

Section 1:

Service:

Poole Adult and Older Person's Mental Health Services (Secondary Care)

Title of strategy, policy or service:

Poole Adult Community Mental Health Team, Poole Older Person's Community Mental Health Team

Officers involved in the EQIA:

Rachel Crewe (Locality Service Manager)
Rachel French (Team Leader)

Type of strategy, policy or service (delete below as appropriate):

Existing:



The aims of the Community Mental Health Team are to promote Wellbeing, better Quality of Life and Recovery through:-

- Providing high quality, evidence based treatment and care for Service Users.
- Providing support that enables each Service User to achieve their individual goals and aspirations.
- Informing Service Users and carers about options for treatment and hence enable treatments to be a partnership guided by Service User choice.
- Providing information and support for Service Users and carers.
- Helping service users in them accessing a range of mainstream services e.g.
 - Housing
 - Employment or meaningful occupation
 - Stable relationships
 - Primary Health Care etc.
- Promoting holistic care taking account of physical as well as mental good health.
- Ensuring that Service Users and carers are treated with respect and dignity.
- Ensuring that care is offered in accessible locations and in a timely manner.
- Working in an environment that safeguards vulnerable people.

Q2 – Who is it going to benefit and how?

- Schizophrenia and psychotic disorders and delusional disorders
- Affective disorders such as mania, manic depression and moderate/severe depression.
- Eating disorders.
- Organic Mental Disorder with behavioural and psychological problems.
- Significant mental health problems following childbirth.

- Significant neurotic, stress related and somatoform disorder, such as phobias, anxiety disorder, post-traumatic stress disorder and obsessive compulsive disorder which have not responded to previous appropriate treatment.
- Personality disorder co-existing with the above diagnoses and/or personality disorder that causes significant distress or risk to the Service. User or others and where there may be a benefit from specialist expertise.
- As per NICE Guidelines service users presenting with recurring, complex or atypical depression will be treated in secondary care (refer to Primary Care Psychological Therapies Operational Policy).

CMHTs will give high priority for assessment where one or more of the following criteria exists:

- Risk of abuse by others/vulnerability.
- Where the Service User poses a risk to others.
- Significant risk to self.
- Impaired ability to function effectively and safely within the community without assistance.
- Behavioural disturbances which may lead to the breakdown of the current social situation.

Q3 – What outcomes do you want to achieve?

The Team wants to provide comprehensive, high quality, accessible and safe mental health and social care services to adults who have a significant mental illness or disorder. The outcomes to be achieved are listed in the aims above. The overall outcome of recovery should be to enable service users to regain a fulfilling and meaningful life.

Q4 – Are there barriers to doing this?

There has been a significant increase in numbers of referrals to the CMHT through previous few years. Continuation of this trend may make the provision of a safe mental health service in the community more difficult to sustain.

Borough of Poole has insufficient variety of supported mental health housing provision for adults of working age.

There are also limited numbers of residential and nursing homes available for people with dementia with specialist and complex needs.

The community barriers include stigma, lack of employment opportunities and lack of diversity of opportunities for social inclusion.

Q5 – How will you put this into practice?

The CMHTs have a single line management structure and are managed through an Integrated Locality Services Manager who is responsible for the provision of day to day management, including the performance of Health & Social Care staff and meeting statutory responsibility and overall performance within the CMHTs. The Integrated Locality Services Manager will report to the Joint Management Board at specified intervals in respect of the performance of the CMHT and is accountable to the relevant DHC Director. Where appropriate the Locality Manager will be

supported by a link manager from the relevant Local Authority. Within the Adult and Older Persons CMHT, the line management structure includes two WTE Team Leaders who are Social Workers and qualified Approved Mental Health Practitioners, one Social Worker Assistant, 1.6 assistant care managers, 5.95 WTE Social Workers who are approved Mental Health Practitioners and two Support Time Recovery Workers.

Section 2: Information gathering and judging impact

Q6 - What existing information and data do you have?

- Referrals Data: Percentage of referrals received by gender and percentage of referrals accepted by gender with national comparison.
- Referrals Data: Referrals received by ethnic group and referrals accepted by ethnic group.
- Referrals Data: By age banding for both referrals received and referrals accepted.
- Referrals Data: By religious group.
- Framework for the care of service users with mental health problems who also have drug or alcohol disorders dual diagnosis strategy.
- Feedback from service users and carers as follows:
 - CQC Service User Survey 2013.

Q7- What does this tell us about the likely impact on different groups?

General/all equality groups

The National Survey indicated some areas where the satisfaction has reduced in the previous year. The variation between scores are slight but the areas of reduction from 2012 are as follows:

- Did the person listen to you?
- Did this person take your views into account?
- Did you have trust and confidence in the person?
- Did this person treat you with respect and dignity?
- Were you given enough time to discuss your condition and treatment?
- Were the purposes of medication explained to you?
- Were you given information about new medication?
- Can you contact your Care Co-ordinator if you have a problem?
- How well does your care coordinator organise your care?
- Do you think your views were taken into account when deciding your care plan?
- Have NHS Mental health services helped you to achieve your goals?
- Have you been given or offered a written or printed copy of your care plan?
- Were you told you could bring a relative or friend to care review meetings?
- Before your review meeting were you given a chance to talk to your care coordinator about what would happen?
- Did you find the care review helpful?
- Did you discuss whether you continued to need NHS services?
- Has anyone in the NHS asked about use of non-prescription drugs?

The results were from the broad range of service users being provided a functional

mental health service by Adult and older person's Community Mental Health Teams. It is important feedback as this indicates that the service is not as readily accessible as this particular equality group would want and does not always respond in the way that they would choose.

Age

Data analysis indicates that population split is generally equal over the age groups which are consistent with national data. There are increasing numbers of people in their 50's and 60's presenting with dementia compared to previous years.

Disability

All clients would fulfil the criteria for access to an adult and older person's secondary care mental health service and therefore would all be considered to fall within an equality grouping of significantly mentally ill or disordered. No data is recorded regarding any other disabilities but these are planned for in accordance with individual presentation and need.

Gender

An analysis of gender by referrals received and referrals accepted across CMHT's, it was found that nationally women outnumber men but only by a small margin (females 51%, males 49%). This is comparable with the most recently analysed gender statistics available across Poole CMHT's.

Race

Religion or spiritual belief

There is currently no way of systematically collecting feedback from people of minority religious groupings and therefore no corporate way of analysing religious sensitivity.

Sexual orientation

Lack of data about usage or satisfaction within this category.

Socially excluded groups

Q8 - Is there any potential for direct or indirect discrimination?

Yes No

If yes, how are you going to change this

See below

Section 3: Action planning

Poole Adult CMHT has a raft of feedback from various sources to consider to support the development of a team business plan. It has been agreed that the National Service Users Survey, CMHT National Survey, Community Services Carer Survey and Friends and Family Test will be analysed and from all of these, the actions to take forward will be agreed by the whole Poole Adult Community Mental Health Team at the annual clinical governance away day. The full action plan will therefore be in the team business plan. Particular notice will be given to feedback about accessibility of the service and ways to improve this.

This equality impact assessment will also contribute to that review and will be developed to provide an action plan as agreed by the entire team.

Issue	Objective/ Intended outcome	SMART action	Performance Target	Lead	Deadline
To be covered in annual team business plan.					

EQIA approved by:
number: 01202 305062

Rachel Crewe

Date: 24/04/14

Contact

Review date: April 2017

Send a copy of your completed screening to your Unit's [Equality Rep](#) and the [Corporate Equality Officer](#) for publication