

# Equality Impact Assessment Brief Impact Assessment (Form 1)

**This is a legal document 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.**

Completing this form helps you to decide whether or not to complete to a full EQIA  
Consideration of the impacts using evidence / public or patient feedback etc is necessary

<b>Title</b> Inpatient Intensive Rehabilitation
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**Question 1: Lead Assessor’s contact details**

Name	Alison McPherson	Tel. No	01383565266
Job Title:	Clinical Service Manager	Ext:	35266
Department	Learning Disabilities	Email	Alison.mcpherson4@nhs.scot

**Question 2: Which Service, Dept, Group or Committee is responsible for carrying out the Standard Impact Assessment?**

<b>Name</b>	Mental Health Rehabilitation
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**Question 3: What is the scope for this EQIA? (Please x)**

NHS	x	NHS Fife Acute		NHS Fife Corporate	
HSCP	x	Service specific	x	Discipline specific	x

**Question 4:**

Describe the aim and purpose of the policy, policy review, existing or new service, redesign, new build, new project or program.

<b>Aim</b>	Service redesign for Mental Health Rehabilitation
<b>Purpose</b>	Stage three of the mental health redesign, is to develop a 10 bed in patient, intensive rehabilitation service within Lindores Ward, at Stratheden Hospital. This will reduce the need for private clinic stays for patients from Fife.

**Question 5:****Identifying the Impacts in brief**

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any.

<b>Relevant Protected Characteristics</b>	<b>Impacts negative and positive Social / Economic Human Rights</b>
<b>Age</b> - children and young people, adults, older age Applies to over 18's.	People can be treated within their own usual area of residency. People will be able to have access to family support network and community wide links. Rehabilitation will take place in their own area.
<b>Disability</b> - mental health, neurological, physical, deaf, hard of hearing	People who are living with vision or hearing deficits will have access to technology to support communication. There will be a range of easy read, access to various communication support APPS. audio and Braille, if required, documents to facilitate understanding of the service being delivered. Materials and accessible forms of communication will be identified for each patient and needs addressed to ensure full inclusion and basic rights are being met. There will be access to interpreters, for

	peoples whose first language isn't English or for those who require the use of British sign language.
<b>Race</b> - black and ethnic people including Gypsy Travellers, racism by cast	Cultural awareness of the needs and issues relating to race and ethnicity will be provided to ensure patient centred care is provided and culture of individuals is respected.
<b>Sex</b> - women and men	The unit will provide a service to both men and women. Each person will have access to their own bedroom with en-suite shower facility. There will be shared meeting, therapy and recreational space.
<b>Sexual Orientation</b> - lesbian, gay, transgender or bisexual	Approach to care would be the same no matter the sexual orientation such as patient dignity.  Staff will not 'out' a transgender patient unless patient gives consent. Consideration will be made as part of their care will be met under human rights and equality act best practice.
<b>Religion and Belief or Spiritual Care</b>	Patients living within the inpatient area will have access to the Spiritual Care Department of the hospital. Death and Dying spiritual care best practice will be made aware to staff to ensure care.  For people who require specific prayer times, and practices this will be facilitated within the ward environment, with support from their family or church leader
<b>Gender Reassignment</b> – transitioning pre and post transition regardless of Gender Recognition Certificate	Where this information was available to staff members, the patient choices would be respected. Staff will be trained in Good Conversations, to enable them to keep the person at the centre.  No 'outing' of trans patients will be made unless patient explicit consent.  Patients may require additional external physical medical care.  Patients rights will be upheld whilst in our care, no discrimination will be tolerated and action /procedure will be clear to staff.
<b>Pregnancy and Maternity</b> – including breastfeeding	The service would not provide accommodation for new or nursing mother's, if a new mother required rehabilitation this

	<p>would be undertaken within a mother and baby unit.</p> <p>There may be children visiting a parent within the unit, and there is a possibility that the visiting area would be child friendly, or would take place in another area.</p>
<b>Marriage and Civil Partnership</b>	<p>Maintaining relationships would be supported by visits to the unit, and when appropriate through the use of home passes. This will recognise the invaluable role of families and carers in the recovery process</p>

### Question 6:

If necessary- please include in brief evidence or relevant information, local or national, that have influenced the decisions being made (this could include demographic profiles, audits, research, published evidence, and health needs assessment, work based on national guidance or legislative requirements, complaints etc). Any evidence /data that support's your assessment can be inserted into the box below.

#### Please enter evidence/data links :

Fife HSCP Mental Health Strategy for 2020-2024

The aim is to embed the rehabilitation process within a local comprehensive mental health service, reducing the need for out of area care. To promote a recovery orientated approach that provides a sense of hope and optimism that will reduce stigma.

Providing person centred care through collaboration and shared decision making with service users and their carers.

### Question 7:

**Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?**

(Please tick)

Yes		No	x
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If yes, **who** was involved and **how** were they involved?

If not, why not, was this necessary? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Utilising the Fife HSCP Mental Health Strategy, and the Mental Health Redesign to support the right care, at the right time, in the right place.

Through the use of patient relations we are able to review complaints, and use these to redesign service delivery.

Through the use of Patient Opinion we are able to review service delivery, and make consideration of all positive and negative responses to enhance service delivery.

### Question 8:

#### Meeting the Public Sector Duty as part of the Equality Impact Assessment

Please provide a rationale to support the results of the Brief Impact Assessment, in that due consideration has been given to the following; you can add in the positive outcomes and the negative ones

- **Eliminate unlawful discrimination, harassment and victimisation**
- **Advance equality of opportunity between different groups; and**
- **Foster good relations between different groups**

What we must do	Provide a description or summary of how this work does contribute to or achieve
<b>Eliminate discrimination</b>	<p>The service would be open to anyone living in Fife with the need for intensive inpatient rehabilitation.</p> <p>We will continue to work using the Equality and Mainstream Plans which have been developed by Fife HSCP to ensure we continue to work within the Equality Act 2010</p> <p>We will continue to reinforce and strengthen Fife's Walk a Mile, It's Okay and Pass the Badge anti stigma campaigns</p> <p>We will work alongside our experts with lived experience and other partners to continue to challenge discrimination.</p>
<b>Advance equality of opportunity</b>	<p>People living within Fife, currently do not have access to an inpatient intensive rehabilitation service, the development of this service would reduce the need for Fife residents to move out of area for treatment.</p> <p>Best practice for patients protected by characteristic will be considered and addressed on a person by person centred approach.</p>
<b>Foster good relations</b>	<p>Local service will improve relations between individuals and communities and between services and families.</p> <p>The rehabilitation will take place in the patient's locality; they will be supported in the rehabilitation in an area familiar to them.</p>

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### Question 9:

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, race, religion and belief 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.

At this time the service is being built, once established areas of excellence will be highlighted and promoted.

### Question 10:

**Has your brief assessment been able to demonstrate the following and why?**

**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)

#### Explain decision

##### Option 1 No action

Option 1: No major change (where no impact or potential for improvement is found, no action is required)

The delivery of an inpatient intensive rehabilitation service within Fife, will work towards achieving the Fife HSCP Mental Health Strategy for 2020-2024. It will also support the residents of Fife to be cared for in the Right Place, at The Right Time, by the Right People. It will support the mental health redesign in line with Scottish Government Objectives.

##### Option 2 Adjust

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**

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)

**All large scale developments, change, planning, policy, building, etc must have an EQIA**

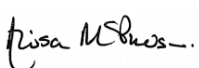
If you have identified that a full EQIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Impact Assessment and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub groups etc and identify lead people to take these as actions.


Stage 2 require public involvement and participation.

You should make contact with patient relations dept to request community and public representation, and then contact the Scottish Health Council to discuss further support for participation and engagement.

**To be completed by Lead Assessor**

<b>Name</b>	Alison McPherson
<b>Email</b>	Alison.mcpherson4@nhs.scot
<b>Telephone (ext)</b>	X35164
<b>Signature</b>	
<b>Date</b>	06.07/2021

**To be completed by Equality and Human Rights Lead officer – for quality control purposes**

<b>Name</b>	Dianne Williamson
<b>Email</b>	Dianne.williamson@nhs.scot
<b>Telephone (ext)</b>	X29130
<b>Signature</b>	
<b>Date</b>	6.7.2021

**Return to Equality and Human Rights Lead Officer at**

[Fife.EqualityandHumanRights@nhs.scot](mailto:Fife.EqualityandHumanRights@nhs.scot)