# **EFIA Form**

# **Section 1: Policy Details**

Name of Policy or Practice:

P&K HSCP Community Mental Health and Wellbeing Strategy 2022-2025

Service and Division/Team:

Perth and Kinross Health and Social Care Partnership

Owner/Person Responsible (include your Name and Position):

Chris Lamont – P&K HSCP Strategic Lead for Mental Health

Impact Assessment Team (include your Names and Positions). This team can consist of two people or more as appropriate:

Chris Lamont – P&K HSCP Strategic Lead for Mental Health Nick Morley – P&K HSCP Business Improvement Officer

Is the 'policy' or practice' being impact assessed new or existing? Please tick the appropriate box below to indicate.

□ New <del>□ Existing</del>

What are the main aims of the policy or practice?

This proposal is to provide an update on the refreshed Mental Health Strategy for Perth & Kinross which provides a strategic framework within which people of all ages, who have mental ill health, will be able to access services and supports. The services and supports that people can access will be available in various formats and from a range of sectors.

Who are the main target groups/beneficiaries?

Anyone in Perth and Kinross who provides or needs supports for mental health issues

What are the intended outcomes of the policy or practice?

To create awareness of broadly how mental health services will be developed using the identified key themes and commitments

## **Section 2: Information Gathering**

You should list here the sources of information used to assess the impact of the relevant policy or practice.

This can include local sources such as reports, information and data, relevant partners' information, data and reports, other Council's relevant information, data and reports, national information, research outcomes, data profiles and any other evidence which has led to the development of this policy. You may wish to refer to Appendix 1 for reference when gathering information relating to Equality Monitoring Data,

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date  (continue on a separate sheet if necessary – tick to indicate this has been done □
Community consultation/involvement outcomes from earlier contacts - this usually includes formally arranged contact with individuals or community, voluntary sector and other relevant interest groups	A workshop event was held on 28 <sup>th</sup> October 2019, attended by people from many backgrounds, to develop the initial model for the new mental health pathway.  Ongoing since then, has been engagement with interested individuals through the mental health strategy group as the strategy document evolved.
Employee involvement/consultation feedback (e.g. survey, focus groups)	As part of the preparation for the workshop in October 2019, a staff consultation activity was undertaken. Ongoing staff involvement as the document evolved has been through regular team updates; through the mental health strategy group and IMT updates.
Research and information list main sources	Various data has been obtained from: Public Health - LIST ISD NHS Tayside business support team PKC business support
Officer knowledge and experience	As the strategy document was developed, staff and EMT input was obtained. The review process also utilised key stake holders; people with lived experience, carer's and clinicians.
Equality monitoring data	Nothing specific undertaken because access to services is open to everyone who needs them
Service user feedback (including customer contact, services and complaints)	Activity included relevant sourced data and feedback from various sources used to inform the workshop and then the strategy document
Partner feedback	Views and opinions of the strategy have been obtained from the mental health strategy group (as they are members), the strategic planning group, IMT and EMT
Other - this may be information gathered in another Council area, nationally or in partner organisations which is considered to have relevance	Review and consideration of key learning was undertaken from published other authority area strategy documents; national mental health documents and the national suicide prevention action plan

### Section 3: Consultation/Involvement

Consultation with key stakeholders can be undertaken throughout the whole of the equality and fairness impact assessment process. This section can include details of outcomes from current, earlier or ongoing consultation/involvement activities. This activity **can also** help to **reach people not previously involved** with these processes, but who will be affected by this policy or practice when it is implemented.

The Consultation/Involvement process can also help **identify or agree changes** that need to be made to ensure the policy or practice will be inclusive when implemented.

The Equalities Team Leader (<a href="mailto:equalities@pkc.gov.uk">equalities@pkc.gov.uk</a>) may be able to provide advice relating to potential contact with consultees from equality protected characteristic groups via existing mechanisms such as the Community Equalities Advisory Group (CEAG) or Equalities Strategic Forum.

A summary of the replies received from individuals and stakeholders consulted/involved. Include any previous feedback or complaints relating to equality and diversity issues and the policy or practice currently being assessed.

Equality Protected Characteristic	Specific Characteristics	Date	Outcome of Consultation/Involvement  (continue on a separate sheet if necessary – tick to indicate this has been done □	
Age	Older People (65+)		Views and opinions informed the development of the new	
	Younger People (16-64)		strategy. These have been obtained through the development workshop and ongoing engagement activity.	
	Children (0-16)			
	Looked After Children (Corporate Parenting)		Not specifically consulted	
Disability	Physical Disability		People affected by mental ill health are provided with	
	Sensory Impairment		equitable and streamlined services targeted to the right people at the right time. The services will be provided	
	Mental Health		irrespective of protected characteristics whilst recognising that mental illness is considered to be a disability.	
	Learning Disability			
Gender Reassignment	Male transitioning to female		Not specifically consulted	

	Female transitioning to male	Not specifically consulted
Marriage/Civil Partnership	Women	Not specifically consulted
·	Men	Not specifically consulted
	Same Sex Couple (Male)	Not specifically consulted
	Same Sex Couple (Female)	Not specifically consulted
Pregnancy / Maternity/Paternity	Women	Not specifically consulted
Watermay/r atermay	Men (Paternity)	Not specifically consulted
Race	A list of categories used in the census is here	Not specifically consulted
Religion / Belief	A list of categories used in the census is here	Not specifically consulted
Sex	Female	Not specifically consulted
	Male	Not specifically consulted
	Other Gender Identity	Not specifically consulted
Sexual Orientation	Lesbian	Not specifically consulted
	Gay	Not specifically consulted
	Bisexual	Not specifically consulted
Socio- economic(fairness)	Options detailed in Appendix 2	Not specifically consulted

# Section 4: Detail the Positive and/or Negative Impacts or Tick to Indicate No Impact

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	) No Impact
Age	Older People (65+)	The commitments of this		
	Younger People (16-64)	Strategy are fully inclusive for people of all ages.√		
	Children (0-16)			
	Looked After Children (Corporate Parenting)			
Disability	Physical Disability	People affected by mental ill health are provided with		
	Sensory Impairment	equitable and streamlined services targeted to the right		
	Mental Health	people at the right time. Services will be provided		
	Learning Disability	irrespective of protected characteristics whilst recognising that mental illness is considered to be a disability.		
Gender Reassignment	Male transitioning to female			√
	Female transitioning to male			√
Marriage/Civil Partnership	Women			√
	Men			√
	Same Sex Couple			V

	(Male)		
	Same Sex Couple (Female)		√
Pregnancy / Maternity/Paternity	Women		√
	Men (Paternity)		V
Race	A list of categories used in the census is <u>here</u>		V
Religion / Belief	A list of categories used in the census is here		V
Sex	Female		1
	Male		1
	Other Gender Identity		√
Sexual Orientation	Lesbian		1
	Gay		√
	Bisexual		√
Socio- economic(fairness)	Options detailed in Appendix 2		

# **Section 5: Recommendations and Actions**

Equality Protected Characteristic	Specific Characteristics	Action	Who is responsible	Date for completion
Age	Older People (65+)			
	Younger People (16-64)	No specific action will be undertaken with regard to this assessment.		
	Children (0-16)	Delivery of the strategy encompasses		
	Looked After Children (Corporate Parenting)	supporting the needs of everyone in Perth and Kinross who requires access		
Disability	Physical Disability	to mental health services. Irrespective of age, ability. ethnicity or sexual orientation.		
	Sensory Impairment			
	Mental Health			
	Learning Disability			
Gender Reassignment	Male transitioning to female			V
	Female transitioning to male			√
Marriage/Civil Partnership	Women			√
	Men			<b>√</b>
	Same Sex Couple (Male)			V

	Same Sex Couple (Female)		V
Pregnancy / Maternity/Paternity	Women		√
materinity, atomity	Men (Paternity)		V
Race	A list of categories used in the census is here		√
Religion / Belief	A list of categories used in the census is here		√
Sex	Female		V
	Male		V
	Other Gender Identity		V
Sexual Orientation	Lesbian		V
	Gay		V
	Bisexual		<b>√</b>
Socio- economic(fairness)	As detailed in Appendix 2		√

### **Section 6:Outcomes**

When the evidence has been considered in relation to the proposed Policy, Practice, Project, Service Reform or Budget Option, it will be apparent what the likely impacts are. The type, scale, duration, and specificity of the likely impacts will inform the direction of the outcome of the EFIA.

There are four potential outcomes as follows:

- 1. No major change required The Policy, Practice, Project, Service Reform or Budget Option is robust and can continue without amendment
- 2. Continue the Policy, Practice, Project, Service Reform or Budget Option. A justification is required for continuing despite the potential for adverse impact
- 3. Adjust or Amend the Policy, Practice, Project, Service Reform or Budget Option. Remove barriers, make changes to better advance equality or remove or mitigate negative impact
- 4. Stop, or Remove the Policy, Practice Project, Service Reform or Budget Option if adverse effects cannot be justified and cannot be mitigated.
  - 1. No major change required The Policy, Practice, Project, Service Reform or Budget Option is robust and can continue without amendment

# **Section 7: Authorising the Assessment**

The following signatures are required:

Service Manager				
Signed	Name	Chris Lamont	Date	26 <sup>th</sup> November 2021
Quality Assured by PK (within service)	C Equality	and Fairness Impac	t Assessme	ent Trained Officer
Signed	Name		Date	