NHS
Tayside

EQUALITY IMPACT ASSESSMENT (EQIA) TEMPLATE

Manager	Group

Established	Last updated	Review / Expiry

UNCONTROLLED WHEN PRINTED

Section 1 (This is mandatory and should be completed in all cases)

Part A – Overview
Name of Policy, Service Improvement, Redesign or Strategy:

Tayside Mental Health & Learning Disabilities Whole System Change Programme (referred to hereafter as "the programme").

Lead Director or Manager:

Jacqueline Pepper, Chief Officer - Perth and Kinross Health and Social Care Partnership Lead Partner – coordination of strategic planning for inpatient mental health and learning disability services.

What are the main aims of the Policy, Service Improvement, Redesign or Strategy?

The programme aims to bring about person centred improvements in across the whole system of care and treatment for people experiencing mental ill-health and people with a learning disability. It aims to integrate health and social care delivery at a community level to meet needs.   Strategic planning and improvement will focus on what matters to people and will be informed by what people are telling us works best for them. Improvements will be evidence based and will focus on what's achievable and sustainable within the available resources. Our ambition is to design and deliver high quality care and treatment for people with Mental Health or Learning Disability needs, and better mental health and wellbeing for all, where people in Tayside can achieve the best possible mental health in inclusive communities which reduce/ eliminate stigma and discrimination.

Description of the Policy, Service Improvement, Redesign or Strategy –
What is it? What does it do? Who does it? And who is it for?

Whole-system improvement of mental health and learning disability services. The programme is focused on prevention, proactive care, access to joined up and co-ordinated services and with a highly skilled and confident workforce to deliver better person-centred services. The programme will have the views and experiences of people who require care and treatment as central to making improvements and co-produce plans for transformational change. It reflects the needs of our patients, service users, their families, and carers and the needs of our staff who plan, provide, and deliver mental health services. The programme focuses on services for adults under 65.

What are the intended outcomes from the proposed Policy, Service Improvement, Redesign or strategy? – What will happen as a result of it? - Who benefits from it and how?

The programme is intended to provide people with:

- An investment in prevention of mental health disorders and proactive care to address poor mental health
- Services that tackle stigma and discrimination as a core priority
- Improved access to the right services at the right time, as close to home as possible
- High-quality, person-centred care and treatment in all settings and circumstances
- Co-ordinated treatment and supports for people with severe and complex mental illness
- Improvement in the physical health of people living with mental illness and reducing early mortality
- Assurance that that the enablers of effective system performance and system improvement are in place
- Improvements in the transitions between Child Adolescent Mental Health Services (CAMHS) and adult mental health services to ensure every child and young person is supported to have the best adulthood they can
- Improvements in transitions between primary care and community services, and between community and hospital services, thereby ensuring no person feels they have fallen through the cracks and are lacking support to thrive
- Services that provide good patient experience, ensuring people get the support they need, when they need it, where they need it in a way that they're not passed around services, or have to repeat their story over and over again
- A system that makes safety and all aspects of quality (safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity) central to mental health service delivery.
- Carer support; unpaid carers are supported to be partners in care and are signposted to carer support, in line with the Triangle of Care approach.
- An approach that promotes peoples' freedom to make their own decision and the rights they have to take risks and have autonomy over their lives.

Name of the group responsible for assessing or considering the equality impact assessment? This should be the Policy Working Group or the Project team for Service Improvement, Redesign or Strategy.

The Whole System Change Workstream Leads reporting to the Executive Leadership Group.

SECTION 1 Part B – Equality and Diversity Impacts

Item	Considerations of impact	Outcomes **Explain the answer and if applicable detail the Impact**	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
1.1	Will it impact on the whole population? Yes or No. If yes, will it have a differential impact on any of the groups or protected characteristics identified in 1.2. If no go to 1.2 to identify which groups or protected characteristics could be affected.	Yes. The programme seeks to improve outcomes and experiences for anyone in Tayside who either has or is connected to someone with a mental health or learning disability need. It seeks to do so regardless of protected characteristics, so it is not anticipated that people with protected characteristics will be specifically affected in a different way to those without.	Providing the same service for everyone doesn't always achieve the same outcomes for those with protected characteristics. Each work stream of the programme will conduct its own EQIA to ensure that, where necessary, steps/activity are included to ensure those with protected characteristics and those with circumstances that are known to affect people more (Health inequalities) receive equitable service. This might mean for example offering appointments with interpreters- cultural awareness of why people from minority ethnic communities experience more mental health crisis- offering culturally aware and competent services.	

Which equality group or Protected Characteristics do you think will be affected?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
1.2	Protected characteristics: o Race - Minority ethnic population (including refugees, asylum seekers & gypsies / travellers) o Sex - Women and men o Religion/Belief - People in religious / faith groups o Disability - Disabled people o Age - Older people, children and young people o Sexual Orientation – Is the orientation of persons of the same sex, opposite sex or either sex o Gender Reassignment o Pregnancy/Maternity Other: o People with mental	All people - with and without protected characteristics - will benefit from the programme, and especially people with mental health problems. The programme aims to bring about person centred improvements in health and social care delivery, in line with need. The programme will have a focus on community planning and will be community based and multi-agency in its approach. Our ambition is to design and deliver high quality specialist services for people with Mental Health or Learning Disability needs, and better mental health and wellbeing for all, within Tayside. By adopting this programme, individuals will receive a robust service that is able to be flexible in its approach and	[Public Health analysis on p26 & p27 of strategy](#) details what is known about the Tayside population.	Each work stream will consider the population characteristics and protected characteristics within the planning of actions, timescales and outcomes, and will identify and track actions to address any potential equality gaps. There are potential impacts as staff groups are likely to be predominantly female and maybe, for specialist staff, older. Homeless people may find it difficult to have appointments emailed and specific action might be needed like use of SMS messages Impact on carers will

| | | health problems
○ Homeless people
○ People involved in criminal justice system
○ Staff
○ Socio- economically deprived groups
○ People with mental health problems
○ Homeless people
○ Socioeconomic deprivation groups
○ Carers
○ Literacy
○ Rural
○ Language / social origins | offer a variety of support and treatment options. | | need to be considered. For example, - if location of inpatient care is changed and further away or if more people are supported at home the potential impact for carers of needing to provide increased support. These considerations will be picked up in each work stream EQIA. |

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
1.3	Will the development of the policy, strategy or service improvement/redesign lead to Direct or Indirect discrimination Unequal opportunities Poor relations between equality groups, people with a protected characteristic(s) and other groups Other	No Through an EQIA within each work stream, all changes will be assessed for potential unintended consequences on people with protected characteristics. For example, if a planned change includes an increased reliance on digital resources, work will be undertaken to ensure that people living in poverty without access to the internet, and people with low digital literacy skills are not inadvertently disadvantaged.	The strategy was codesigned with people who use and need our services, to ensure that at this stage of planning, ambitions, changes and communication has been done in a way that reflects genuine need and capability. Each workstream is required to engage with people who have lived experience.	As stated previously, as programme activity crystallises on clear actions and decisions, separate detailed EQIAs will be undertaken

SECTION 2 – Human Rights and Health Impact.

Which Human Rights could be affected in relation to article 2, 3, 5, 6, 8, 9 and 11. (ECHR: European Convention on Human Rights)

Item	Considerations of impact	Outcomes **Explain the answer and if applicable detail the Impact**	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.1	On Life (Article 2, ECHR) ○ Basic necessities such as adequate nutrition, and safe drinking water ○ Suicide ○ Risk to life of / from others ○ Duties to protect life from risks by self / others ○ End of life questions	The programme seeks to have a positive impact on; • Rate of completed suicide • Risk to life of/ from others • Duties to protect life from risks by self/ others • Freedom from ill treatment It is envisaged that the programme will improve outcomes for those at risk of harm. This is due to the planned improved flexibility of services and having a person centred approach throughout this programme. The programme will ensure that the views of service users is taken into consideration and will help	Human Rights - p32 of strategy sets out our understanding of human rights as they pertain to matters of Mental Health, Learning Disability and wellbeing. Suicide – p24 of strategy sets out what we know about suicide and how that has been factored into the programme plans	We know that suicide risks include a large number of young (protected characteristic) men (protected characteristic) So for example, the Crisis and Urgent Care work stream will seek to look behind this and plan supports with these protected characteristics in mind.

		with its delivery.		
2.2	On Freedom from ill-treatment (Article 3, ECHR) o Fear, humiliation o Intense physical or mental suffering or anguish o Prevention of ill-treatment, o Investigation of reasonably substantiated allegations of serious ill-treatment o Dignified living conditions	The programme plans to have a positive impact on; • Fear, humiliation • Intense physical or mental suffering or anguish • Prevention of ill-treatment, • Investigation of reasonably substantiated allegations of serious ill-treatment • Dignified living conditions	[Human Rights - p32 of strategy](#) sets out our understanding of human rights as they pertain to matters of Mental Health, Learning Disability and wellbeing. There is a strong association between mental health and long term conditions. The relationships are complex and are shown in both directions. The same is true of people with Learning Disabilities. Both groups are at greater risk of physical illness than the general population. Some people with mental illness or a learning disability require different approaches to engagement and differences in how care is accessed, delivered and communicated.	The programme has to date been designed alongside people with mental health or learning disability needs. This approach will continue.

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.3	On Liberty (Article 5, ECHR) ○ Detention under mental health law ○ Review of continued justification of detention ○ Informing reasons for detention	The programme seeks to have a positive impact on; • Detention under mental health law • Review of continued justification of detention • Informing reasons for detention	Human Rights - p32 of strategy	A key part of this work will be the continuing commitment to work closely with, and communicate well with people detained under mental health law and where appropriate their families/ carers
2.4	On a Fair Hearing (Article 6, ECHR) ○ Staff disciplinary proceedings ○ Malpractice ○ Right to be heard ○ Procedural fairness ○ Effective participation in proceedings that determine rights such as employment, damages / compensation	The programme seeks to have a positive impact on; The right to be heard Procedural fairness, and Effective participation in change, in line with the NHS Scotland Staff Governance Standard. The programme will have a positive impact on detention under mental health law by giving service users the skills to self manage and the opportunity to seek help at an early stage to prevent the development of a spiral into mental health crisis.	NHS Scotland Staff Governance Standard has been followed throughout delivery of the programme. Extensive consultation with staff about what needs to be changed, why, when , how, where and by whom has taken place to date and that will continue.	A comprehensive communication and engagement plan including stakeholders within and outside of the system of care is in development within each work stream.

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.5	On Private and family life (Article 8, ECHR) ○ Private and Family life ○ Physical and moral integrity (e.g. freedom from non-consensual treatment, harassment or abuse ○ Personal data, privacy and confidentiality ○ Sexual identity ○ Autonomy and self-determination ○ Relations with family, community ○ Participation in decisions that affect rights ○ Legal capacity in decision making supported participation and decision making, accessible information and communication to support decision making	The programme seeks to have a positive impact on all articles of private and family life listed. Private and family life can be enhanced by improved mental health and wellbeing. Physical and moral integrity can be improved through many therapies and mental health interventions and by societal work around stigma associated with mental health and learning disabilities. Each work stream will consider the right to privacy and confidentiality. Mental ill-health is more prevalent in groups with protected characteristics around sexual identity, and so improved services will positively impact those areas. The rights people have to take risks and make	Ref: Strategy Page 95 values Page 32 panel principles are Participation Accountability Non-discrimination and equality Empowerment and Legality. The programme is committed to working to these principles across all change.	EQIAs within each work stream will consider what specific elements of change need to be put in place to continue managing the impact of changes on private and family life.

	○ Clean and healthy environment	decisions about their lives holds true regardless of the presence of a mental illness or learning disability. Our services have a good track record of finding ways to support people in those groups with these rights.		

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research /Data to support the consideration of impact	Further Actions or improvements required
2.6	On Freedom of thought, conscience, and religion (Article 9, ECHR) ○ To express opinions and receive and impart information and ideas without interference	The programme seeks to have a positive impact on the right to express opinions and receive and impart information and ideas without interference, in line with the NHS Scotland Staff Governance Standard There are lots of channels that have been used to date to bring the voice of people who need and use our services into the programme. These include conversations, focus groups, consultation exercises, use of long standing networks for people with protected characteristics, mailboxes, newsletters and invitations for specific comment around specific service plans.	Ref: Strategy Page 95 values Page 32 panel principles NHS Scotland Staff Governance Standard	The communication and engagement plans within each work stream, and their associated EQIAs will consider how to meaningfully engage with people about planned changes in a way that brings those with protected characteristics along with us as partners.
2.7	On Freedom of assembly and association (Article 11, ECHR)	No – the programme will not adversely affect a person's right to choose whether to belong to a trade union		

	o Choosing whether to belong to a trade union			
2.8	On Marriage and founding a family o Capacity o Age	No		
2.9	Protocol 1 (Article 1, 2, 3 ECHR) o Peaceful enjoyment of possessions	No		

SECTION 3 – Health Inequalities Impact

Which health and lifestyle changes will be affected?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
3.1	What impact will the function, policy/strategy or service change have on lifestyles? For example, will the changes affect: o Diet & nutrition o Exercise & physical activity o Substance use: tobacco, alcohol or drugs o Risk taking behaviours o Education & learning or skills o Other	The programme views Mental Health as a public health priority. It seeks to reduce inequalities in the following areas: 1. Mentally healthy environments and communities 2. Mentally healthy infants, children and young people 3. Mentally healthy employment and working life 4. Mental healthy later life 5. Reducing the prevalence of suicide, self-harm and common mental health problems 6. Stigma and discrimination 7. The programme seeks	Ref: strategy p19 Ref: strategy p78 - 79	

		to reduce instances of risk taking behaviours by supporting people to live in mentally health environments where they are free from stigma and discrimination and have the skills and opportunities to make more informed life choices		

3.2.	Does your function, policy or service change consider the impact on the communities?
	
	Things that might be affected include:
	
	  o Social status
	
	  o Employment (paid/unpaid)
	
	  o Social/family support
	
	  o Stress
	
	  o Income
		The programme has considered a range of environmental factors, social circumstances and individual protective and risk factors for good mental health.	Ref: strategy p78 - 79	Each work stream will include plans to address risk factors across all tiers of service provision for people with mental health and learning disability needs.

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required

3.3	Will the function, policy or service change have an impact on the physical environment?
	
	For example will there be impacts on:
	
	    o Living conditions
	    o Working conditions
	    o Pollution or climate change
	    o Accidental injuries / public safety
	    o Transmission of infectious diseases
	    o Other
		In addition to the response in 3.2, the programme seeks to improve the physical environment in a number of healthcare-related settings, for example within the Adult Inpatient redesign, and within the Learning Disabilities whole system redesign.
		This will be achieved by improving the Physical environment to improve safety and ensuring that the transmission of infections is reduced through robust implementation of the Infection control policy		

3.4	Will the function, policy or service change affect access to and experience of services?	The programme seeks to positively influence healthcare, social services and housing for some parts of our communities.		

		For example	There is no direct impact on how people access and experience Education Services. Transport plans will need to be considered as part of significant service changes where hospital sites and out-patient bases are being changed. This will be achieved through • Collaborative working • Providing people with the skills to access education • Ensuring that individuals are able to access transport • Create accessible and friendly facilities for treatment and support.		
		o Healthcare			
		o Social services			
		o Education			
		o Transport			
		o Housing			

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
3.5	In relation to the protected characteristics and other groups identified: What are the potential impacts on health? Will the function, policy or service change impact on access to health care? If yes - in what way?	Yes. The programme seeks to have a direct and positive impact on health, particularly for people with Mental Health or Learning Disabilities related needs, and in a range of ways. These will include: • Participation and engagement with service users • Ensure services are easily accessible through appropriate referral routes. • Create a range of interventions that can be delivered flexibly. Including digital delivery, self help and social support through Link workers.	Ref : Strategy P8	

SECTION 4 – Financial Decisions Impact

How will it affect the financial decision or proposal?

Item	Considerations of impact	Outcomes **Explain the answer and if applicable detail the Impact**	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
4.1	Is the purpose of the financial decision for service improvement/redesign clearly set out Has the impact of your financial proposals on equality groups been thoroughly considered before any decisions are arrived at	Tayside Inpatient Mental Health and Learning Disability Services are budgeted for within the overall budget within NHS Tayside. Community Mental Health Services are budgeted for within each Integrated Joint Board and supported by local partners. A financial framework to support the strategic direction of the improvement programme and a shift in the funding balance from inpatient to community-based provision will be		A financial framework to support the programme will be developed and will be in line with the outcomes and mitigations required in the EQIA for each workstream,

		achieved wherever possible. Changes in funding will take account of the EQIA carried out by each workstream.		
4.2	Is there sufficient information to show that "due regard" has been paid to the equality duties in the financial decision making	Yes		A financial framework to support the programme will be developed and will be in line with the outcomes and mitigations required in the EQIA for each workstream.
	Have you identified methods for mitigating or avoiding any adverse impacts on equality groups	TBC		
	Have those likely to be affected by the financial proposal been consulted and involved	This will be integral to each workstream and decision-making guided by a Programme Board which includes stakeholders, advocates and people with lived experience.		

SECTION 5 – Involvement, Engagement and Consultation (IEC)

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required

5.	Involvement, Engagement and Consultation (IEC)
	
	   o What existing IEC data do we have?
	
	   o Existing IEC sources
	
	   o Original IEC
	
	   o Key learning
	
	   o Have staff Networks been part of the consultation? (where required and not limited to, nor to
		The programme has engaged with and intends to continue to engage with all relevant stakeholders throughout all phases of service development; from needs assessment, translation of need into service planning, implementation and review of outcomes being sought. This includes the voice of those with lived experience and those involved in the care of, and delivery of care for people who need and use our services.
		The Programme Board includes representation from
			[LLW Communications and Engagement report](#) details the approach, reach and achievements around communication and engagement which enabled the coproduction of the strategy.	Communications and engagement plans for each work stream are in the process of being developed.

| | | exclude any other community involvement, engagement and consultation).

o Do you have lived experiences?

What further IEC, if any, do you need to undertake? | people with experience of interacting with our services as well as a range of subject matter professionals and accountable officers. The membership is designed to ensure that conversations, decisions and actions within the programme are underpinned by the principles of codesign, coproduction and codelivery. In addition, existing mechanisms for engagement within our communities have been mapped and these mechanisms will be used throughout the lifespan of the programme until outcomes are achieved. Finally the programme intends to seek feedback from existing networks across Tayside including but not limited to:
• BAME network
• Disability network
• Carers network and | | |

		• LGBTQIA+ This feedback will ensure that the ambition of improving Mental Health and Learning Disabilities Services for all is realised in a way which leaves nobody behind.		

Section 6 – Have Potential Negative Impacts been Identified?

Item	Considerations of impact	Outcomes **Explain the answer and if applicable detail the Impact**	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
6.	Have any potential negative impacts been identified? If so, what action has been proposed to counteract the negative impacts? (if yes state how) For example: - Is there any unlawful discrimination? - Could any community get an adverse outcome? - Could any group be excluded from the benefits of the function / policy? (consider	Potential negative impacts of the programme may include the impact of changes in configuration and relocation of existing services. For example, it may be necessary to relocate Inpatient beds to achieve greater benefit for all Tayside communities. That may in turn mean that some communities will see beds move further from them. In these cases, care will be taken to ensure that the rationale for such decisions is clear, and that the possible perceived negative impacts on some people will be minimised and appropriately managed to ensure that the standard of care on offer is not compromised.	The strategy sets out what we understand about the population we serve, what changes we and they are planning to make and how engagement will underpin the programme.	In addition to a commitment to continue engaging with people who use our services and those who care for them, the programme governance and infrastructure is designed to ensure that risks are articulated, that changes and outcomes are coproduced and agreed, and that measures to track progress towards those outcomes are monitored and reviewed and acted upon where necessary.

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	groups outlined in 1.2) o Does it reinforce negative stereotypes? (For example, are any of the groups identified in 1.2 being disadvantaged due to perception rather than factual information?)			

Section 7 – Data and Research

7.	Data and Research Is there need to gather further evidence / data? Are there any apparent gaps in knowledge / skills?	A needs analysis required to understand nature, prevalence and volume of need across our communities, and how our services and resources should be configured to best meet that need. The needs analysis will include a skills and workforce assessment to inform if and how our workforce needs to change in order to make best use of our resources in line with need. Data is also required to inform progress of the programme and the extent to which the programme's stated outcomes have been met or are yet to be met.

Section 8 – Monitoring Outcomes

8.	Monitoring of Outcome(s) How will the outcome(s) be monitored?	Through 2022-23 the governance arrangements are being refined. The programme reports to a Programme Board, which in turn is responsible for reporting progress and issues to the Executive Leadership Group. The Executive Leadership group is accountable to each Integration Joint Board and NHS Tayside Board. Measures and outcomes are in the process of being agreed for each work stream within the programme. These will be included in regular reporting to the Programme Board and to inform communication with stakeholders more broadly on the progress of the programme.

Each identified area has its own Clinical and Professional Governance arrangements and these in turn will feed into a Tayside-wide Mental Health Clinical Governance

	Who will monitor? What criteria will you use to measure progress towards the outcome(s)?	Forum. Key Performance Indicators have been identified to support the governance arrangements .

Section 9 – Recommendation(s)

9.	Recommendation(s) State the conclusion of the Equality Impact Assessment and any recommendation(s)	The Equality Impact Assessment concludes that the programme will not adversely affect people with protected or other characteristics. Indeed, successful delivery of the outcomes will result in a range of improvements for the people of Tayside in relation to those experiencing Mental Health and Learning Disabilities. It is recommended that the transformation of Mental Health services within Tayside progresses through a collaborative approach.

Section 10 – Progress to Completion

10.	Completed function/policy	Initial EQIA complete.
		Further revisions following EQIA for each individual workstream.
	Who will sign this off?	Executive Leadership Group to ensure whole system approval.
	When?	14 June 2023

SECTION 11 – Publication

11.	Publication –	
	Where will it be published and who has responsibility to publish it?	NHS Tayside website/Living Life Well microsite
	Please also provide a copy of the	

	approved EQIA following approval from the appropriate committee. Please email a copy to tay.corporateequalities@nhs.scot and a copy will be uploaded to the Equality and Diversity page on Staffnet and on the NHS Tayside Equality and Diversity public Internet page.	

SECTION 12 – Fairer Scotland Duty Assessment

Each EQIA must have a supporting Fairer Scotland Duty Assessment to declare if the Duty has been applied or not. Please complete either section 12A – 'Fairer Scotland Duty Assessment not Required Evaluation Tool' or Section 12B – 'Fairer Scotland Duty Assessment Applied Evaluation Tool'.

SECTION 12A – Fairer Scotland Duty Assessment Not Required Evaluation Tool

Title of the programme/ proposal/decision	
Programme/ proposal/ decision implementation date	
Directorate/ Division/ Service/ Team	
Responsible officer for taking decision	
Who else was involved in taking the decision	
Was the decision taken by a partnership?	Yes ☐ No ☐
Rationale for decision	[Delete after completing: Please record why an assessment under the Fairer Scotland Duty is not required and what your justification is for making that decision. This must include confirmation that the programme/proposal/decision concerned does not constitute a strategic decision and/or has no relevance re socio-economic inequalities - see, in particular the examples held in the Defining Inequalities of Outcome section of the guidance.]

Declaration:
I confirm that the decision **not** to carry out a Fairer Scotland Duty assessment has been authorised by:

Name and Job Title:
Date Authorisation given:

SECTION 12 B - Fairer Scotland Duty Assessment Applied Evaluation Tool

Section 1 - Planning	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. Due regard was paid during the development of the programme/proposal/decision, with a plan developed early to support the Duty assessment.		X		
2. The aims and expected outcomes of the programme/ proposal/ decision were clearly articulated and confirmed at the planning stage.	X			
3. Relevant stakeholders were involved in the planning stage.		X		
4. The appropriate officers across the organisation were made aware that the assessment was		X		

underway and that it could have affected the final decision being made.				
Based on your responses to the statements above, please provide evidence/ positive examples.	A communications and engagement subgroup was formed and jointly chaired by NHS Tayside Director of communications and engagement and the Chief Executive Officer of Feeling Strong – a third sector charity. The subgroup had more than 40 members including people with lived experience alongside representatives from the Third Sector, Stakeholder Participation Group, Health and Social Care. Through this mechanism, the strategy was codeveloped following an inclusive, workshop based method. Monthly engagement and media activity supported the development, with the strategy then published.			
Based on the statements above, where could future Duty assessments be strengthened?	Future Duty assessments would benefit from greater time and support to involve and consider how to involve more people disadvantaged by socio-economic factors. We intend to build Equality, inclusive of socio-economic factors, into work stream discussions, planning and delivery.			

Section 2 - Evidence	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. Evidence was reviewed to identify the programme/ proposal/decision's actual or likely impacts on socio-economic disadvantage and key inequalities of outcome.		X		
2. Any existing evidence on the effects and effectiveness of the programme/proposal/decision being developed was		X		

collated.				
3. EQIA planning work for this issue was reviewed to identify if sex, race, disability or other protected characteristics intersected with socio-economic characteristics and had to be factored into decision making.		X		
4. Where possible, new evidence was collected for areas that were lacking in evidence to support decision making.		X		
5. Communities of interest (including those with direct experience of poverty and disadvantage) were engaged with in this process.		X		

Based on your responses to the statements above, please provide evidence/ positive examples.	See response to section A. The codesign phase included contribution from the Fairness Commission, Healthy Minds Network and others, alongside Mental Health and Learning Disabilities specific user groups
Based on the statements above, where could future Duty assessments be strengthened?	Some of the right subject matter experts were involved and commented. More involvement could have taken place and over a longer timeframe, and more work to ensure that local need was correctly evidenced now needs to take place. In addition, there are important links to local Community Planning Partnerships and local Health and Wellbeing Networks that will need to be attended to. The programme has developed Engagement Maps for each HSCP which set out the engagement

	landscape and the key mechanisms, groups and individuals that will ensure the programme appropriately evidences need and creates engagement with regard to the Fairer Scotland Duty Act.

Section 3 – Assessment and Improvement	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. The assessment took place early enough for any impacts identified to inform the strategic decision being made and appropriate action taken.	X			
2. The programme/proposal/ decision was assessed to identify how it could be improved so it reduced or further reduced inequalities of outcome, with a particular focus on socio-economic disadvantage.	X			
3. Senior decision makers were involved in the assessment.	X			
4. Any adjustments to the programme/proposal/ decision took account of how these could further benefit particular communities of interest or of place,		X		

who are more at risk of inequalities of outcome associated with socio-economic disadvantage.			
Based on your responses to the statements above, please provide evidence/ positive examples.	As above. The programme represents a work in progress. Work to date has been characterised by activity to be inclusive. As a result, the programme has undergone a number of revisions to ensure that as more information is gathered and understood, decisions about actions and outcomes are informed.		
Based on the statements above, where could future Duty assessments be strengthened?	Detailed work within work streams now needs to consider the requirements of the Fairer Scotland Duty Act. Further consideration will need to be given to the scope and extent of work required, and how that work can be structured, phased, coordinated and proportionate to the available resource.		

Section 4 – Decision	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. As a result of a Duty assessment, any changes required were made to the programme/proposal/ decision.		X		
2. There is a collective understanding, including at a senior level, of why any changes, if required, were made and what the expected outcomes are.		X		
3. If no changes were required to the proposal after				

					X
a Duty assessment, this was clearly understood by all involved in the process.					
Based on your responses to the statements above, please provide evidence/ positive examples.	See above. Decisions about specific service changes to date have been made in partnership with people who use and need our services and with subject matter experts such as Health Inequalities Officers. Decisions going forward will continue to be made through mechanisms of coproduction and ensuring that all equality considerations, including the FSDA, are part of the process.				
Based on the statements above, where could future Duty assessments be strengthened?	Future Duty assessments could be strengthened by making clearer the links to Community Planning Partnerships, and, as above, resources and timing of exercises to engage with people well will be necessary.				

Section 5 - Publication	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. A record of the Duty assessment has been produced, that clearly and accessibly explains the impact of the assessment upon the process.			Not yet	
2. The Duty assessment has been written up as either an annex to a publication setting out the proposal, or as a Duty assessment document published separately or as a separate section within an EQIA.			Not yet	

			Not yet	
3. The Duty assessment has been signed off by an appropriate officer and published where it can be easily accessed.				
Based on your responses to the statements above, please provide evidence/ positive examples.	To be collated.			
Based on the statements above, where could future Duty assessments be strengthened?	By involving people with lived experience and who face socio-economic disadvantage in our change programme we will identify the particular challenges and potential adverse impact on outcomes that may arise from changes to service delivery. Wherever possible this will be highlighted at the outset and be taken into account in the design of the change to ensure that appropriate and practical mitigations can be made.			

Summary Sheet: Outcome of Equality Impact Assessment

Positive Impacts (Note the groups affected)	Negative Impacts (Note the groups affected)
The programme seeks to improve life for anyone in Tayside who either has, or is connected to, someone with a mental health or learning disability need. The programme therefore seeks to positively impact all groups with protected characteristics and those with other characteristics.	The programme is designed with the acknowledgement that people with mental health and learning disabilities are often disadvantaged in multiple ways and those with protected characteristics will experience disadvantage to a greater extent. The coproduction, inclusivity and engagement that has characterised the programme thus far needs to continue into the detailed work stream planning and delivery. To this end each work stream is now asked to build into its planning approach consideration of matters of equity, and in particular issues of equity connected to protected characteristics and socioeconomic factors. Finally each workstream will evaluate, with the people who use and need our services, the extent to which the outcomes being pursued are being met. These steps will ensure that the programme continues to deliver benefits for all, and does so in a way which identifies addresses and closes the gaps in inequality that people experience.

What if any additional information and evidence is required?

Each work stream will conduct a separate EQIA and is developing a

communications and engagement plan. Together, these documents will provide detail on the potential impacts of each work stream, will ensure that issues of equity remain central to delivery of outcomes, and will ensure that the commitment to coproduction is realised.

From the outcome of the Equality Impact Assessment what are your recommendations? (refer to section 5 - 12)

We recommend the Mental Health and Learning Disabilities Whole System Change Programme be supported and endorsed.

The programme represents a commitment to improve life for people with Mental Health and Learning Disabilities needs, and those connected with a similar need, in Tayside. There are several opportunities to do so which range from antenatal life through to end of life. The programme will improve the lives of all people across the Tayside geographical area connected to Mental Health and Learning Disabilities, and will specifically improve aspects of care through the spectrum of needs, from whole-population level needs, right through to highest acuity need. To date, the programme can demonstrate the positive impact of engaging widely and inclusively on its plans, and engaging with subject matter experts operating in the Inequalities domain. The programme acknowledges and places high importance on its commitment to continue to consult, involve and engage with the people who will experience improved outcomes from the change the programme plans to make.

This summary sheet can be attached to the relevant committee report instead of the fully completed template, but if requested by the Committee or Board the fully completed Equality Impact Assessment should be made available.

MUST BE COMPLETED IN ALL CASES

Manager's Signature   **Date**

Jacquie Pepper   **14 June 2023**

on behalf of the Executive Leadership group