

Full equalities impact assessment

Directorate: Standards & Engagement

Service: Professional Standards Team

Piece of work being assessed: Mental Capacity Act Guidance

Name of lead person: Ronda Ninkovic

Other partners/stakeholders involved:

Date of assessment: 5th June 2008

Single Equality Scheme strand	Baseline data and research – What is available? What does it show? Are there any gaps? Use both quantitative and qualitative research and user data Include consultation with users if available	Is there likely to be a differential impact? If 'yes', is that impact direct or indirect discrimination?
Gender	The PCT serves the needs of both men and women. There is no evidence to suggest benefits will be disproportionate to either. Currently, information on trans people is not routinely collected. Some staff may discriminate against trans people in a similar way to LGB patients	Unknown
Race	2001 Census indicates Sheffield has a BME population of 9%, the majority are Pakistani. Recent data indicates population has risen to 14% BME groups may be less likely to appoint a Lasting Power of Attorney as only nationally only 7% of BME have used court of protection (nationally BME are 12.5% of population). BME may be more likely to be deemed to have incapacity due to language/communication/cultural factors.	Potential indirect discrimination.
Disability	2001 Census indicates 21% of population have a 'long standing illness'. Nationally 145,000 adults in England have a severe and profound learning disability. DRC report 2007- Independent living & the Commission for Equality & Human Rights highlights how health staff may have paternalist approach to disabled people which can lead to poor practice. May be more likely to be deemed to have incapacity due to communication factors.	Potential indirect discrimination.

<p>Sexual orientation</p>	<p>Not collected in census but can assume 5% of population are gay/bisexual Recent equality audit indicates PCT and contracted services do not generally collect data on sexual orientation therefore sexual orientation may not be taken into account when considering best interest decisions. 'Working with lesbian, gay, bisexual and trans (LGBT) people' (DOH briefing) indicates up to 25% of health care staff have expressed negative or homophobic attitudes and highlights need for training across NHS staff. Lesbian and gay partners may be less likely to be involved/have a voice in decision making where partner does not have capacity as may not be known about or due to possible negative views held by staff.</p>	<p>Potential indirect discrimination as sexual orientation is not routinely collected.</p>
<p>Age</p>	<p>Older people are more likely to be affected by the act due to the correlation of increasing age and lack of capacity e.g. nationally 700,000 people have dementia and chances of having dementia are 20% for those aged 80 years and over. Older people may be more vulnerable to abuse and therefore may be more likely to need to access IMCA . Older people may be more likely to be deemed as lacking capacity due known factors and /or ageist attitudes or communication barriers due to increased frailty or ill health.</p>	<p>Benefits are anticipated to be greater for this group</p>
<p>Religion/belief</p>	<p>2001 census indicates a wide range of faiths in Sheffield, 68% Christian, 18% none. Religious values and beliefs will need to be taken into account in best interest decisions</p>	<p>Potential indirect discrimination due to wide range religions and staff unaware of related needs.</p>

Conclusion

The Ministry of Justice undertook a full Equality Impact Assessment of the Mental Capacity Act in May 2007. (www.justice.gov.uk/whatwedo/mc-equality-impact.htm.uk) It is expected that the act will have a positive impact overall on all equality groups. The MCA Code of Practice, on which the PCT guidance is based, was underpinned by this EIA.

The PCT guidance will be based on MCA Code of Practice and will ensure that all equality strands are considered, but particularly in relation to race, sexual orientation and religion.

Equalities Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead
Sexual orientation	Potential negative/homophobic attitudes among staff or staff not aware of sexual orientation as information is often not requested	Support/training is needed for staff to feel confident in requesting information	Identify training relevant programmes available to staff providing information and training around sexual orientation	June 2009	AH
Sexual orientation	Information on sexual orientation is not routinely collected	PCT is developing an action plan to address this. Guidance needs to make reference to sexual orientation to support raising awareness.	Review of action plan progress and ensure that reference is made to sexual orientation in support of raising awareness	June 2009	HB
Gender	Ensure that MCA is applied equally to both sexes	Monitoring of results of capacity by gender groups and trans patients	Audit of records	June 2009	Provider Services
Gender	Ensure that MCA is applied equally to both sexes	Monitoring of results of capacity by gender groups and trans patients	Request information from IMCA Service re referrals	June 2009	RN
Religion/belief	Staff may not be aware of particular religious values or beliefs therefore may not consider these in best interest decision making	Training /information/ or knowledge needed of who to contact for information to be made available to staff. Staff to ensure they request information on a person's religion or belief	Identify relevant training programmes available to staff providing information around religion/belief.	June 2009	AH
Religion/belief	Staff may not be aware of particular religious values or beliefs therefore may not consider these in best interest decision making	Training /information/ or knowledge needed of who to contact for information to be made available to staff. Staff to ensure they request information on a person's	Record keeping audit	June 2009	RN

		religion or belief	Availability and types of communication tools in use	Primary Care Trust June 2009	SALTS
Age/disability	Potentially deemed to lack capacity due to communication factors	Adequate resources needed to support communication e.g. SALT			
Age/disability	Potentially deemed to lack capacity due to communication factors	Awareness-raising among staff may be required. Guidance needs to be explicit in supporting communication.	Audit to identify if any training needs Request information from IMCA Service re referrals	June 2009	RN
Race	BME patients may be more likely to be deemed to have incapacity due to language/cultural/communication factors.	Awareness-raising among staff may be required. Guidance needs to be explicit in supporting communication. Information is available in a range of languages on intranet so this should minimise discrimination	Audit	June 2009	RN