

## Stage 1 Equality Impact Assessment

1.	<b>Title of Proposal:</b>	<b>Borderline:</b> Assessment of the impact if funding for Borderline were to be discontinued (Borderline provides telephone support for adults with mental health problems in the Scottish Borders).
2.	<b>Service Area:</b> <b>Department:</b>	People (Social Work)
3.	<b>Description:</b>	<p><u>Introduction</u></p> <p>This Equality Impact Assessment (EIA) is being carried out as part of a wider review of commissioning arrangements for joint mental health services. The need for that review was highlighted in a local Mental Health Needs Assessment commissioned by Scottish Borders Council and NHS Borders and carried out by 'Figure 8' Consultancy Services over 2014. This noted that historic commissioning decisions had not always been made on good evidence of cost effectiveness and quality. Recommendations included a need for commissioners to:</p> <ul style="list-style-type: none"> <li>• Review the pattern of service provision and contracting to ensure that it strengthens the co-ordination of care and effective partnership working and communication;</li> <li>• Consideration needs to be given to conducting ongoing, consistent and equitable evaluation of all mental health services across the Borders</li> </ul> <p>In March 2017 the Mental Health Board identified a need to review commissioning arrangements for Mental Health services in view of financial pressures in the MH budget. This review of telephone support for adults with mental health problems locally forms part of that review. The service is funded by SBC MH £40,882.68 plus £30,500 from NHS Borders (2016/17).</p>

A proposal was agreed to extend the contract to 30<sup>th</sup> September 2017 (now to end March 2018) to allow for completion of an equality impact assessment, and analysis of comparative data on service costs which has been requested from the national helpline 'Breathing Space'. Both elements will be presented to the Mental Health board and this will allow a decision to be made regarding the future of this service. (Ref: Social Work Non-Competitive Action 06/07/17).

Equality Impact Assessment Objectives

Key objectives of this review are by end March 2018 to:

1. Assess the impact that this service has had on callers, and the potential impact and risks for key stakeholders if funding from statutory services is not to be continued:
  - a. For callers (e.g. accessibility of services to vulnerable adults/regular callers, females/males, middle-aged); nature and quality of services compared to alternative sources of support);
  - b. For the provider (unemployment, anxiety and distress, loss of skills and experience); and
  - c. For funders/other stakeholders (e.g. increased demand for other Mental Health services leading to longer waiting lists/higher costs, reputational damage).
2. Consider mitigating factors and actions should funding be discontinued
3. Assess the costs of providing this service with comparative data from the national helpline 'Breathing Space'\*. This may include looking at 'added value' – e.g. high quality training to volunteers which increases employability skills; significant role in increasing mental health awareness and thereby reducing stigma.
4. Present the EIA Stage 3 summary to the Mental Health Board to inform a review of funding for the current contract for telephone support for adults with mental health problems to ensure cost-effectiveness.

Borderline - service description

Borderline is an out-of-hours telephone helpline providing free, anonymous and confidential support for people experiencing emotional distress or mental health problems. This can range from short term difficulties through to more severe and enduring mental illness. It offers easy access to non-judgemental, person-centred listening and support, and provides information on other sources of support available in the Scottish Borders. Such an approach offers opportunities for earlier intervention and prevention, and to explore ways in which callers might self-manage in line with the recovery principles. The service is available every evening from 7.00 – 10.00 pm.

Borderline was established in 1999 in response to a gap that was identified by a number of groups representing service users and professionals connected with mental health services. Calls in the first few years were around 1000-2000 a year, rising sharply in 2006/7 (7,370) and remaining consistently high since then. The majority of calls come from the most populous towns of Hawick and Galashiels, but are otherwise spread across the Borders. Female callers outnumber male callers by a large margin, and the majority of people accessing the service are regular callers (86% over 2016/17); those

with long-term mental and/or physical health conditions may be in touch with other forms of support, such as Community Mental Health Teams, GPs or other health professionals.

Callers report being affected by an extensive range of issues that impact on their mental and emotional health with some presenting in great distress or voicing thoughts of self-harm or suicide - see the Borderline Service Information and Statistical Report for 2016/17 for details.

Service evaluations and developments

Two independent evaluations have been carried out that incorporate feedback from service users and other key stakeholders:

*Outside the Box (2011)*: Findings showed that Borderline was effective in responding to the needs of callers and was contributing to improvements in self-esteem and mental well-being. Capacity was noted to be an issue. Further details in Evidence log.

*'Figure 8' Consultancy Services (2016)*: The evaluators were highly impressed with both the management and structure of the Borderline service as well as the quality of support that is provided. Overall, Borderline was perceived by stakeholders to have immense value as a local response to the needs of those with mental health problems across the Borders. It is staffed by local paid staff and volunteers, and offers 'open-ended' support (over 80% of Borderline callers are regular callers, compared to around 50% for national helplines). Many callers provided feedback as to the personal benefits they have experienced through accessing support from Borderline (see Evidence log).

Weaknesses for the service were that it was not able to operate for as many hours as people would like, and phone lines are sometimes busy and unavailable; and that Borderline did not have an active fundraising plan in place and was therefore reliant upon continued funding by NHS Borders and Scottish Borders Council.

The report identified that there are now many other national mental health helplines offering general information, signposting and support for specific issues but it was not possible to establish to what extent these are utilised by Borders residents, or to quantify the additional benefits of this local service: 'It would be prudent to observe that if Borderline had never been commissioned in the Borders, then national helplines would have been utilised by those requiring out-of-hours emotional/crisis support.'

		<p>The vital role of helplines in reducing reliance upon other more costly services was highlighted, and Figure 8 concluded that Borderline is exceptional value for money. It also observed that because it is well-established and utilised by many local people, who often expressed their reliance upon it, any change to the service could have wide-ranging detrimental effects. A summary with recommendations and service user quotes is provided in the EIA Evidence log.</p> <p><u>Wider context</u></p> <p><i>National helplines:</i> Since Borderline was established, other national helplines have been set up that offer advice and befriending based support for those with mental health problems, most notably the NHS 24-run helpline 'Breathing Space'. However, Breathing Space advertises its services as a 'first stop' service that does not offer support for regular callers who constitute a large proportion of Borderline's callers, resulting in continued high levels of demand for the local service.</p> <p><i>Local developments in Mental Health Services:</i> Within the overall context of these strategies and reviews, a number of developments in the Joint Mental Health Services are being progressed, including:</p> <ul style="list-style-type: none"> <li>• Increased capacity in the Local Area Co-ordinator (LAC) Service – offering early intervention for those with mental health problems across localities and acting as a gateway to a range of community-based support options</li> <li>• Gala Resource Centre – changing to become more recovery focused and offering outreach model of service delivery</li> <li>• Extension of contracts with New Horizons and Health in Mind</li> <li>• Recovery college (2018) – new commission</li> </ul> <p>Borderline contributes to the delivery of a number of local (and national) strategies including Mental Health, Suicide Prevention, Health &amp; Social Care Integration, and Reducing Inequalities through focused work on the following high level outcomes:</p> <ul style="list-style-type: none"> <li>• Improved mental health, well-being and recovery</li> <li>• Sustaining and maintaining mental health, well-being and recovery</li> <li>• Increased inclusion in education, training and employment (volunteers receive extensive training and supervision and develop high levels of expertise)</li> </ul>
		<p>Information on mental health telephone lines:  <a href="https://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/mental-health-helplines.aspx">https://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/mental-health-helplines.aspx</a></p>

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4.	<b>Relevance to the Equality Duty</b>		
	<b>Duty</b>		<b>Yes/No</b>
	<b>Elimination of discrimination (both direct &amp; indirect), victimisation and harassment</b>		Yes – Borderline helps to reduce indirect discrimination against those affected by mental health issues by improving access to services, and more efficient use of resources. A cut in funding could increase discrimination against these groups.
	<b>Promotion of equality of opportunity</b>		Yes – Borderline promotes equality of opportunities for those with mental health issues to access services, particularly those who have difficulties accessing services currently due to travel or social issues (protected groups are disproportionately affected by such issues). A cut in funding could hinder the promotion of equal opportunities for these groups.
<b>Foster good relations</b>		Yes - Relationships would be hindered with a number of protected groups (principally those with disabilities in the form of emotional distress and/or mental health problems) currently using Borderline who fear a loss of service.	

5.	<b>Which groups of people may be impacted (both positively and negatively) if the proposal is advanced?</b> (Please x all that apply ).				
	<b>Equality Characteristic</b>	<b>Impact</b>			<b>Description</b>
		<b>No Impact</b>	<b>Possible Positive Impact</b>	<b>Possible Negative Impact</b>	

<p><b>Age</b> (Older or younger people or a specific age grouping)</p>			<p><b>X</b></p>	<p>Scottish Borders has an older age profile than the Scottish average (23% of our residents are aged 65+, higher than the 18% for Scotland overall) and the proportion of older people in our population is projected to rise faster than that for Scotland. Mental illness and/or learning disability can affect people of any age, but in general older people have more needs and these are likely to increase in complexity with increasing age.</p> <p><u>Consideration:</u> Borderline caters for all adult age groups but the biggest group of callers over 2013/4 – 2015/16 was consistently in the 46-50 years category (ranging from 26-41%), followed by the 51-55 years (around 18%). Any possible changes to service delivery would need to ensure similar levels of accessibility and acceptability to people in these age groups.</p>
<p><b>Disability</b> e.g. Effects on people with mental, physical, sensory impairment, learning disability, visible/invisible, progressive or recurring</p>			<p><b>X</b></p>	<p>Those with mental illness are known to experience poorer health outcomes with many experiencing co-occurring physical conditions or disabilities. The Scottish Borders Integration Strategic Plan for 2016-2019 identified the following in terms of prevalence:</p> <ul style="list-style-type: none"> <li>• Mental Health (each year, around one in four adults will experience at least one diagnosable mental health problem)</li> <li>• Learning Disabilities - we have at least 555 people aged 16+ in our population who have a learning disability);</li> </ul> <p>Physical Disabilities (according to the Scotland Census 2011, 6,995 people in Scottish Borders live with a physical disability)</p> <p><u>Consideration:</u> As a telephone helpline, Borderline offers easy access to callers with mental illness and/or physical disabilities, and has been able to offer support to some callers with learning disabilities who find communication problematic. A Borderline Service Report for 2016/17 shows that physical ill-health is a significant issue for many callers (45%). Many regular callers state that they would find it hard to cope without this support and are likely to just 'suffer in silence' if it were withdrawn. For others, this may well result in higher demand for other, more expensive, forms of support e.g. from primary care or other mental health services. Any possible changes to service delivery would need to offer comparable access to support for this protected group.</p>

<p><b>Gender</b> (Males, Females, Transgender or Transsexual people)</p>			<p><b>X</b></p>	<p>Borderline accepts calls from clients regardless of gender but female calls consistently outnumber those from males (1663 from females compared to 652 from males over 2016/17. Common issues affecting callers include domestic abuse (mostly women), and childhood sexual abuse (men and women). Borderline staff have previously provided specific helplines for men and women affected by such issues and have considerable experience and expertise in managing such calls. Any possible changes to service delivery would need to ensure comparable access to supports for this group.</p>
<p><b>Race Groups:</b> including colour, nationality, ethnic origins, including minorities (e.g. gypsy travellers, refugees, migrants and asylum seekers)</p>	<p><b>X</b></p>			<p>The 2011 Scotland Census reports the Scottish Borders population to be predominantly White Scottish or White British (95.2%) – higher than the 91.9% for Scotland. Around 1 in 100 of our population (a similar proportion to Scotland) are White Polish. The numbers of people in other ethnic groups are relatively small in Scottish Borders compared to Scotland.</p> <p><u>Consideration:</u> Ethnic breakdown of referrals to Borderline for 2016/17 shows the majority of callers were Scottish (2196; 94 were English; 109 were ‘not known’). Access would be difficult for people from ethnic minorities who do not have English as a first language. ‘Language line’ could be a possibility for such calls, but this would require additional funding. Any withdrawal of funding for services currently provided by Borderline would therefore have negligible impact on these groups</p>
<p><b>People with Religious or other Beliefs:</b> different beliefs, customs (including atheists and those with no aligned belief)</p>	<p><b>X</b></p>			<p>Borderline works with all relevant clients regardless of their religious beliefs. Staff training:</p> <ul style="list-style-type: none"> <li>• aids understanding of the importance and impact of faith for callers, and</li> <li>• promotes self-awareness re personal beliefs and values and not allowing that to influence their support for callers.</li> <li>• Data for 2016/17 shows that of those reporting their religion, 477 were Church of Scotland; 503 were ‘other Christian’; 1419 were ‘not known’.</li> </ul> <p>Religion often features in discussion with callers but it is not possible to determine how much of an issue this may be for callers so no further assessment of this groups needs is possible.</p>
<p><b>Pregnancy and Maternity</b> (refers to the period after</p>	<p><b>X</b></p>			<p>Pregnancy is no barrier to accessing Borderline.</p>

<p>the birth, and is linked to <b>maternity</b> leave in the employment context. In the non-work context, <b>protection</b> against <b>maternity</b> discrimination is for 26 weeks after giving birth),</p>				
<p><b>Sexual Orientation</b>, e.g. Lesbian, Gay, Bisexual, Heterosexual</p>	<b>X</b>			<p>Borderline works with all relevant clients regardless of sexual orientation. A Borderline Service Report for 2016/17 shows that the majority of callers regard themselves as heterosexual (1724); others regard themselves as bisexual (1), gay man (3), and lesbian (1). 670 were 'not known'.</p>
<p><b>Carers</b> (those who have caring responsibilities for someone with an equality Characteristic)</p>	<b>X</b>			<p>There is an identified link between deprivation and providing care: 46% of unpaid carers living in the most deprived areas of the Borders provide 35 or more hours of care per week, compared with 22% of carers living in the least deprived areas (Scottish Borders Health &amp; Social Care Integration Strategic Plan for 2016-2019). Providing care for someone else is known to affect the carer's own health, with 42% of carers having one or more long-term conditions or health problems. Although a small number of callers describe themselves as carers (7 in 2016/17) it does not feature prominently in discussions alongside other issues raised.</p>
<p><b>Poverty</b> (people who are on a low income including benefits claimants, people experiencing fuel poverty, isolated rural communities etc)</p>			<b>X</b>	<p>Deprivation has a big effect on the need for, and use of, health and social care services. Although more evident in some areas, deprivation is not confined by geography and also applies to vulnerable groups who may live in deprived circumstances, such as homeless people, offenders, and those with mental illness and/or learning disabilities. People with mental health problems have been identified as a priority group in the Scottish Borders Reducing Inequalities Strategy (2016).</p> <p><u>Consideration:</u> Borderline is a free helpline. Financial worries and anxieties about welfare reform were cited as contributing factors to their problems for 40% of callers (2016/17). People using the service are often experiencing poverty – in receipt of benefits, in debt, in fuel poverty and living in isolated</p>

					rural communities. Callers are able to access the service from their own home and without the costs or need to travel provided they have use of a telephone. Callers will be offered information, discussion re. financial management, and signposted to local CAB / Welfare Benefits Advise for more tailored support. Any possible changes to service delivery must maintain current levels of access to support.
	<b>Employees</b> (those employed by the Council including full time, part time and temporary)	<b>X</b>			There are no barriers to SBC employees being able to access Borderline. It is not known how many callers may be SBC employees.

6.	<b>Mitigation</b>	
Where you have identified a potential negative impact, please detail what mitigations will need to be put in place in order for your proposal to progress. <b>If you are unsure of the answer please state this and recommend further investigation.</b>		
	<b>Characteristic</b>	<b>Mitigation</b>
	Age Disability (mental health and co-morbid physical disability) Gender Poverty.	<p>There are many developments across health and social care services generally, as well as within services specifically for those with Mental Health problems and/or Learning Disabilities. These developments aim to support earlier and more effective interventions, more integrated, recovery-orientated care closer to home, and the promotion of self-management and peer support. It is envisaged that, in general, these developments will bring positive changes for people with mental health problems and/or learning disabilities by increasing access to a broader range of services for those living across the Borders.</p> <p>However, clients accessing Borderline fear the loss of this local telephone helpline with its familiar and trusted relationships and regular access to support. It will be important to take into account the views of service users and other stakeholders from the 'Figure 8' evaluation to ensure that any changes to service provision consider all the protected characteristics.</p> <p><u>Stage 2</u>: The recent and extensive evaluation carried out by 'Figure 8' means that there is no other formal consultation required with local stakeholders. However, it would be important for this EIA to consider if</p>

		<p>alternative (national) helplines offer comparable services (in terms of model of service delivery and cost). The EIA should also examine what other forms of support callers could access and ensure relevant information is explicitly included in care pathways for protected groups, with good information for all stakeholders on availability and access.</p> <p>This EIA should also endeavour to comply with recommendations in the 'Figure 8' evaluation, namely:</p> <ul style="list-style-type: none"> <li>• consult the major national (mental health) helplines in Scotland to try and establish the utilisation rates for the Borders compared to other areas;</li> <li>• Establish the cost-effectiveness of mental health helpline services in the Borders, compared to other mental health services.</li> </ul>
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7.	<b>How certain are you of the answers you have given?</b>	
	<b>Answer</b>	<b>Tick One</b>
	<b>Certain</b> - I have populated the evidence base to support my answers.	
	<b>Fairly Certain</b> – but don't have concrete evidence to support my answers so would recommend further assessment is conducted if the proposal is progressed.	
	<b>Not Certain</b> – further assessment is recommended if proposal is progressed.	<b>X</b>

<b>Completed By</b>			
Name	Julie Waddell	Service Area.	People / Social Work
Post	Planning & Development Manager, Joint Mental Health Services	Date	18 <sup>th</sup> December 2017