

Scottish Borders Council

Stage 3 Equality Impact Assessment

3.1	Title of Proposal:	Borderline: 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).
3.2	Service Area: Department:	People (Social Work)
3.3	Description:	<p><u>Introduction</u></p> <p>Borderline is an out-of-hours telephone helpline providing free, anonymous and confidential support for people experiencing emotional distress or mental health problems. The service is available every evening from 7.00 – 10.00 pm.</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"> • Review the pattern of service provision and contracting to ensure that it strengthens the co-ordination of care and effective partnership working and communication; • Consideration needs to be given to conducting ongoing, consistent and equitable evaluation of all mental health services across the Borders <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 30th 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.

Service evaluation

Independent evaluation by 'Figure 8 Consultancy Services' (2016) commended the service for the quality of support provided. Stakeholders perceived Borderline to have 'immense value' as a local response to the needs of those with mental health problems, with evident benefit to mental health and well-being for callers. 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 (Service Information and Statistical Report for 2016/17). Many callers are regular users of the service (86% in 2016/17).

Weaknesses for the service were around limited capacity 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. Borderline was also not perceived by a good number of stakeholders to be strong in their engagement with other local organisations/forums.

'Figure 8' also 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. The vital role of helplines in reducing reliance upon other more costly services was acknowledged, and the conclusion drawn that Borderline is exceptional value for money. Figure 8 stated that because Borderline 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.

Further consultation as part of this EIA

Over the course of three months (Oct 17-Jan 18) this EIA has sought to address gaps in evidence, gather the views of stakeholders on the potential impact of a loss of funding to Borderline, and assess their ability to mitigate the risks resulting from this loss.

Stakeholder survey: A survey of other mental health services locally* examined how Borderline relates to their own service in the care pathway, and the possible impact should Borderline cease to operate. Responses showed that they routinely distribute 'Choose Life' literature that lists Borderline amongst several national telephone helplines offering support (including the Samaritans and 'Breathing Space'). As such, they were not able to estimate the level of subsequent use of these services, or the potential impact of using or losing this local service.

*Services approached included Huntlyburn House, Crisis Team (out-of-hours liaison), and Community Mental Health Teams; Learning Disabilities (LD), Gala Resources Centre (GRC), and Local Area Co-ordination (LAC) services.

Borderline reports that the possibility of funding cuts has created considerable anxiety and distress amongst regular callers. It has also created anxieties and uncertainties for the staff, making it difficult to plan for the recruitment and training of volunteers, and threatening the loss of skills and experience locally.

National helplines: Two national helplines ('Breathing Space' and the Samaritans) were approached to assess costs, capacity to support Borders residents, accessibility out-of-hours, and ability to meet the needs of regular callers. Only some of this information was available so this aspect of the assessment is incomplete.

- 'Breathing Space' advertises itself as a "first stop" service for those feeling down. They offer empathy, understanding and advice plus direction on where to seek help. This suggests that the helpline does not routinely offer support to more regular callers, although their website does mention that staff may ask a caller for consent to provide their name and/or contact details if a caller has been calling the service regularly and it is assessed that some form of caller care plan would be beneficial. The number of calls made to Breathing Space by Borders residents over recent years has been low: 42 over 2015/16, falling to 19 in 2016/17. By comparison, calls to Borderline during this period were 4,792 in 2015/16, rising to 5,251 in 2016/17. Although a rather simplistic comparison, this suggests that as calls to the national helpline fell, those to Borderline increased. Calls to Breathing Space cost approximately £12.60/call. This compares to an approximate cost of £13.52/call for Borderline (2016/17).
- The Samaritans helpline was unable to say how many of the calls to the local branch come from the local population as calls go to a central freephone number so can end up at any branch in the U.K. (the organisation receives around 70,000 calls a week). They do have procedures for regular callers - a team of volunteers can assess the needs of people who call often and provide support appropriate to their needs.

Summary

Benefits: Borderline has been assessed as providing a quality, cost-effective service that is, overall, perceived as having immense value as a local response to the needs of those with mental health problems across the Borders. Borderline reports consistently high levels of use despite not being specifically promoted by local mental health services, with the majority of callers categorised as regular users of the service. Callers have reported considerable benefit to their mental health and well-being as a result of receiving support from Borderline. The fact that many callers are regulars could be interpreted negatively (by creating a dependency on the service) or positively (by meeting support needs that are not being met by other services).

Impact of funding cuts: Telephone helplines play a vital role in reducing reliance upon other more costly services and offer exceptional value for money, although the Borders is unusual in funding a local telephone helpline. Borderline is well-established and utilised by many local people, who often expressed their reliance upon it, and it is envisaged by stakeholders that any change to the service could have wide-ranging detrimental effects (Figure 8 2016), particularly for

		regular callers. Although national telephone helplines (such as Breathing space and the Samaritans) can offer alternative sources of support it is unclear the extent to which the needs of regular callers might be met, which may have a knock-on effect in terms of demand for other more costly mental health services in the Borders.
--	--	--

3.4	Impact Assessment					
	Equality Characteristic	Impact			Description	Mitigation & Recommendations
		No Impact	Positive Impact	Negative Impact		
	Age (Older or younger people or a specific age grouping)			X	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.	Ensure any changes to service delivery are well-publicised amongst other services these groups are likely to access.
Disability e.g. Effects on people with mental, physical, sensory impairment, learning disability, visible/invisible, progressive or recurring			X	Borderline was established to address a gap in services identified by stakeholders across mental health services prior to the establishment of National Helplines. 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.	Mitigation plans for any cuts in funding should include: <ul style="list-style-type: none"> Identifying alternative sources of support Agreeing alternative ways of supporting regular callers Ensuring this information is explicitly included in care pathways Communications Plan	

<p>Gender (Males, Females, Transgender or Transsexual people)</p>			<p>X</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>Ensure any changes to service delivery are well-publicised amongst other services these groups are likely to access.</p>
<p>People with Religious or other Beliefs: different beliefs, customs (including atheists and those with no aligned belief)</p>			<p>X</p>	<p>Borderline works with all relevant clients regardless of their religious beliefs. Staff training:</p> <ul style="list-style-type: none"> • aids understanding of the importance and impact of faith for callers, and • promotes self-awareness re personal beliefs and values and not allowing that to influence their support for callers. <p>Data for 2016/17 shows that of those reporting their religion, 477 were Church of Scotland; 503 were 'other Christian'; 1419 were 'not known'. 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>Ensure any changes to service delivery are well-publicised amongst other services these groups are likely to access.</p>
<p>Poverty (people who are on a low income including benefits claimants, people experiencing fuel poverty, isolated rural communities etc)</p>			<p>X</p>	<p>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 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</p>	<p>Ensure any changes to service delivery are well-publicised amongst other services these groups are likely to access.</p>

					changes to service delivery should aim to provide support in this area.	
	Employees (those employed by the Council including full time, part time and temporary)	X			There are no barriers to SBC employees being able to access Borderline. It is not known how many callers may be SBC employees.	

3.5	Relevance to the Equality Duty in Summary:	
	What impact will your proposal have on the following :	
	Equality Duty	Reasoning:
	Elimination of discrimination (both direct & indirect), victimisation and harassment.	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 unless alternative funding sources were identified by Borderline or National Helplines were able to provide a similar level of support.
	Promotion of equality of opportunity	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 unless alternative funding sources were identified by Borderline or National Helplines were able to provide a similar level of support. .
Foster good relations	Yes - Relationships could 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.
--	--

3.6	Recommendations & Mitigation	
	Characteristic	Mitigation/Recommendation
	Disability	<p>This EIA considers the impact of any funding cuts to this service in isolation from the overall context of developments in mental health services.</p> <p><i>Mitigation</i> Mitigation plans for any cuts in funding should include:</p> <ul style="list-style-type: none"> • Clearly identifying alternative sources of support for regular callers from telephone helplines (national and issue-specific) • Agreeing alternative ways of supporting regular callers in other services on the care pathway • Ensuring this information is explicitly included in care pathways for protected groups, with good information for all stakeholders on availability and access • Establishing a Communications Plan with development, implementation and monitoring of impacts (where possible) overseen by the Mental Health service. <p>Possible options include:</p> <ul style="list-style-type: none"> • Reduce funding in 12 months time to 50% of the current level allowing time to attract alternative sources of funding. Review ongoing funding at that point. • Following a 3 month notice period, reduce funding to 50% for the following 9 months at which point funding ends. • Maintain funding over the next 12 months at current levels to allow alternative sources of funding to be explored. If unsuccessful then funding at current levels to continue. <p><i>Recommendation</i></p>
		Approved Yes/No
		Yes

		The recommendation is to maintain funding for 12 months at current level at which point reduce to 50%. The ongoing funding of 50% current levels would then need reviewing in subsequent years financial plans.	
	Age, gender, poverty	Ensure any changes to service delivery are well-publicised amongst other services these groups are likely to access.	Yes

Signed Off (Sign off <u>must</u> be completed by Service Manager or Director)			
Name:	Simon Burt	Directorate:	Mental Health and Learning Disabilities
Post:	General Manager	Date:	3 rd April 2018

EIA Completed By			
Name	Julie Waddell	Service Area.	People (Social Work)
Post	MH Planning & Development Manager	Date	14 th February 2018