

## Equality Impact Assessment

### Section 1: About the proposal


<b>Title of Proposal</b>
Decommissioning of Service Level Agreement with RAMH (previously known as Acumen) and replace with signposting to existing Advocacy services, carers groups, and to national mental health organisations.
<b>Intended outcome of proposal</b>
Provide consistency of resources across Adult Care Services and deliver an annual budget saving of £41,488
<b>Description of proposal</b>
<p>The service was originally commissioned as a collective advocacy for carers and service users, and through time it has lost its collective advocacy element but remains the only MH specific voice of carers and MH service users within Argyll and Bute.</p> <p>ACUMEN is committed to putting people with lived experience at the centre of designing and delivering mental health services in Scotland to ensure that they meet the needs of the people who use them. People with a lived experience of mental health issues, and their families and carers, hold unique insights into how services can best respond to Scotland's mental health needs. This is true not just of health care but in many other domains including education, employment, housing, and family services.</p> <p>People's experience in mental health in Scotland have been witness to decisions made on their behalf, often without consultation. This has meant that a system of inequity is embossed on service delivery and representation throughout Scotland.</p> <p>ACUMEN ensures that people are placed at the centre of mental health policy and practice change by engaging them as partners in co-design and co-production. Genuine engagement enables people to be able to take an active role in shaping the way in which services are planned, delivered, and evaluated.</p> <p>This service has not had a service review for some time and no SLA can be located. The annual cost of this service is £41,488 per annum.</p> <p>The service currently supports carers to access national and Local MH forums, supports and ensures collaboration across third sector services and groups to support the mental health agenda, works with statutory services to ensure service user voice inputs to policy and services, works alongside see me and our voices workshops.</p>

There is no statutory requirement to provide this service in its' current format, and all statutory duties required through the Carers (Scotland) Act 2016 and Mental Health (Care and Treatment) Act will be provided via existing contracts across Argyll and Bute, commissioned through local Advocacy Services and Carers Groups.

In order to streamline resources across Adult Services, services users and carers will be signposted to local advocacy services, carers groups, local MH forums and national mental health organisations where available and appropriate. This would ensure that service users and their carers have full access to the same services but in a more streamlined format. However, transitional arrangements to support the transfer of care may exacerbate existing mental health issues for those who use the service and risk some people becoming socially isolated. These factors should be considered.

<b>HSCP Strategic Priorities to which the proposal contributes</b>
Makes the best use of the available facilities, people and other resources
Efficiently and effectively manage all resources to deliver Best Value.

<b>Lead officer details</b>	
Name of lead officer	<b>Julie Lusk</b>
Job title	<b>Head of Service – Mental Health, Addictions, Learning Disability/Transitions</b>
Department	<b>HSCP</b>
<b>Appropriate officer details</b>	
Name of appropriate officer	<b>Nicola Gillespie</b>
Job title	<b>Service Manager – Mental Health &amp; Addictions</b>
Department	<b>HSCP</b>

Sign-off of EIA	
Date of sign-off	<b>30/03/21</b>

<b>Who will deliver the proposal?</b>
Service Manager, Procurement & Contract Management Team, Team Leader & Service Improvement Officer

## Section 2: Evidence used in the course of carrying out EIA

<b>Consultation / engagement</b>
<ul style="list-style-type: none"> <li>- Initial engagement has taken place with the organisation as part of the annual review process of grant funding. ACUMEN have submitted an annual grant report as part of this process and have been notified that the service is up for review and decommissioning of the service is being considered as a potential savings option.</li> <li>- Savings option has been included as part of A&amp;B HSCP's budget consultation</li> <li>- A review meeting took place with ACUMEN on the 23<sup>rd</sup> of March 2021 to discuss the review of the service and the proposals to decommission as part of the savings options being considered. The initial EIA that was published was completed prior to the Annual Grant report being submitted, therefore did not provide accurate detail on the impact of the savings proposals on the service users and staff involved. The purpose of the review meeting was to review the initial EIA that was completed prior to receipt of the Annual Grant Report and gather further information required in order to ensure that the revised EIA was accurate.</li> </ul>

<b>Data</b>
<ul style="list-style-type: none"> <li>- Activity information has been submitted by the organisation as part of the Annual Grant Report</li> <li>- No quality indicators for service as there is no current SLA in place</li> <li>- Forums able to provide qualitative data and value input (Mental Health Forums in 5 administrative areas)</li> <li>- Financial data provided by A&amp;B finance team</li> <li>- Mental Health Transition and Recovery Plan</li> <li>- Independent Review of Adult Social Care</li> </ul>

<b>Other information</b>
Feedback from Budget consultation will also be taken into consideration.

<b>Gaps in evidence</b>
<p>Although annual grant report has been submitted, there are currently no KPIs to benchmark against as there is no formal SLA in place. This is a gap in relation to measuring the take up and effectiveness of services.</p> <p>With the launch of the Mental Health Benchmarking event to look at best service delivery for people who use mental health services it is arguably more appropriate to align to existing commissioned advocacy services that offer Argyll and Bute wide services and where benchmarking is in place.</p>

### Section 3: Impact of proposal

#### Impact on service users:

	<b>Negative</b>	<b>No impact</b>	<b>Positive</b>	<b>Don't know</b>
<b>Protected characteristics:</b>				
Age		x		
Disability	x			
Ethnicity		x		
Sex		x		
Gender reassignment		x		
Marriage and Civil Partnership		x		
Pregnancy and Maternity		x		
Religion		x		
Sexual Orientation		x		
<b>Fairer Scotland Duty:</b>				
Mainland rural population	x			
Island populations	x			
Low income		x		
Low wealth		x		
Material deprivation		x		
Area deprivation		x		
Socio-economic background		x		
Communities of place	x			
Communities of interest	x			

<b>If you have identified any negative impacts on service users, give more detail here:</b>
<p>ACUMEN currently provide services to the whole of Argyll and Bute, including many of our island communities. Significant work has been undertaken over the last few years to increase the engagement with those living in more rural and isolated areas across A&amp;B, including the island populations to share and promote their lived experiences. If the service was decommissioned, and service users were signposted elsewhere it's likely that some of these voices may be lost as part of the transitional process to other services.</p>

As ACUMEN depends solely on the funding provided by A&B in order to operate, removal of this funding will result in financial sustainability issues for the organisation and it's unlikely that they will be able to continue operating within the locality.

### Impact of COVID – 19

The impact of mental ill health across all aspects of our communities, age groups and demographics has never been more important. The consequential long term effects of COVID and Mental Ill health is evident now and will remain a feature throughout any recovery period. Mental Health is a key area of focus across Scotland and particularly in light of the current COVID-19 pandemic. Scottish Government has recently published the Coronavirus (COVID-19): Mental Health – Transition and Recovery Plan in order to address the challenges that the pandemic has had, and will continue to have on the population's mental health. The purpose of the plan is to deliver mental health services which are stronger and better, and which meet the evolving needs and expectations of people in Scotland. This will require a continued focus on early intervention, prevention, easier access, improvement and quality, and will involve partners and services across the whole health and social care integration landscape. The involvement of service users, and of the mental health workforce will be critically important. If the service currently delivered by ACUMEN was to be decommissioned, Argyll and Bute may lose a vital opportunity to capture the lived experience of those affected by mental health in order to inform future recovery and planning of mental health services.

### The Independent Review of Adult Social Care

Within the recent Independent Review of Adult Social Care, the importance of incorporating people with lived experience into the planning of not just their own care and support, but the wider redesign of services

“At the population level, Integration Joint Boards and locality planners need to do a better job of building the user voice into their considerations. People with lived experience must be partners in the commissioning process and integral to decision-making and prioritisation, monitoring progress and making improvements; nothing about me, without me, as the saying goes”.

“People with lived experience told us they want to be more involved, not just in the planning of their own care, but in the planning and design of services and they self-evidently have much to offer in this regard. In some instances peer groups, such as Disabled Persons' Organisations, Collective Advocacy Agencies and other representative groups, can play a very valuable role too”.

“Commissioners should focus on establishing a system where a range of people, including people with lived experience, unpaid carers, local communities, providers and other professionals are routinely involved in the co-design and redesign, as well as the monitoring of services and supports. This system should form the basis of a collaborative, rights based and participative approach”.

The importance of organisations such as ACUMEN who ensure the voices of those with lived experiences of mental health issues are heard and used to co-design/co-produce future mental health services is clearly highlighted through the Review.

There is a risk that the lived experience of those with mental health illnesses will not be captured as a result of the service being decommissioned.

**If any 'don't knows' have been identified, when will impacts on these groups be clear?**

N/A

**How has 'due regard' been given to any negative impacts that have been identified?**

Negative impacts as described above are mitigated through minimising the impact on services users by signposting to local advocacy services, carers groups, local MH forums and national mental health organisations where available and appropriate. However, the need to

retain mental health services that support not only existing service users but those impacted by COVID and the road to recovery should be considered.

**Impact on service deliverers (including employees, volunteers etc.):**

	Negative	No impact	Positive	Don't know
<b>Protected characteristics:</b>				
Age	x			
Disability		x		
Ethnicity		x		
Sex	x			
Gender reassignment		x		
Marriage and Civil Partnership		x		
Pregnancy and Maternity		x		
Religion		x		
Sexual Orientation		x		
<b>Fairer Scotland Duty:</b>				
Mainland rural population		x		
Island populations		x		
Low income	x			
Low wealth	x			
Material deprivation		x		
Area deprivation		x		
Socio-economic background		x		
Communities of place		x		
Communities of interest		x		

**If you have identified any negative impacts on service deliverers, give more detail here:**

The majority of funding provided by Argyll and Bute HSCP is used for the salaries of 2 part time, female members of staff:  
 Staff Member 1 – covers Helensburgh & Lomond, Bute & Cowal – 16hours p/w  
 Staff Member 2 – covers MAKI and OLI – 16 hours p/w

Termination of the SLA will result in the redundancy of 2 members of staff. This will negatively affect the working population with increased unemployment rates, and based on the organisations staffing information submitted the staff members affected are both female and of the working age population.

The staff members affected are generally considered low income workers, with an hourly rate of £11.36 per hour (Full time Annual salary of approx. £20k based on an average 35 hours per week)  
 With unemployment rates increasing as a result of the pandemic, and in particular significant redundancies in other low income jobs such as the hospitality industry, further redundancies will negatively affect the local community.

Also worthy to note that these employees will have built up significant relationships with service users who may have difficulties with trust etc. and with forming new relationships that could prove detrimental to their mental health needs at what is already a difficult time due to the pandemic.

**If any 'don't knows' have been identified, when will impacts on these groups be clear?**  
 N/A

**How has 'due regard' been given to any negative impacts that have been identified?**  
 The impact in respect to inequalities of outcome cannot be entirely mitigated against but as noted there will be continued contact with mainstream services to ensure signposting to local

advocacy services, carers groups, local MH forums and national mental health organisations where available and appropriate. Living Well is an Argyll & Bute wide strategy and this will be monitored to ensure access to the public health information can be maintained. Individuals will still have access to the range of services.

#### Section 4: Interdependencies

<b>Is this proposal likely to have any knock-on effects for any other activities carried out by or on behalf of the HSCP?</b>	Yes
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##### **Details of knock-on effects identified**

There are current interdependencies between Advocacy Contract, Carers Group contracts and this contract. Any changes may have an impact of referrals levels for Advocacy and Carers Groups across Argyll and Bute. Forums and mental health third sector/service user/carers groups may be impacted due to no oversight and coordination or support.

ACUMEN as a lead partner have recently been awarded £19,000 as part of the A&B Living Well Programme (along with The Listening Service and Support in Mind) to enable to Supported Self Care Planning Initiated in November 2020 and is contracted for 12 months. This initiative will be severely at risk should proposed costs be implemented within the next financial year.

#### Section 5: Monitoring and review

##### **Monitoring and review**

The project plan will be monitored through the Mental Health Steering Group, with a direct report to the Learning Disability & Mental Health Programme Board.