

## Scottish Borders Health and Social Care Partnership

### Equality, Human Rights and Fairer Scotland Duty Impact Assessment - Stage 1 Proportionality and Relevance

Completion of the template below will give senior officers the confidence that the Equality Duty, the Scottish Specific Public Sector Equality Duties, Human Rights and the Fairer Scotland Duty have been considered at the beginning of and throughout the proposal development and that action plans are in place, where applicable, to; identify relevant stakeholders, undertake robust consultation to deliver a collaborative approach to co-producing the HIIA.

**What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:**

Permanent closure of Gala Resource Centre

**Relevant protected characteristics materially impacted, or potentially impacted, by proposals (employees, clients, customers, people using services) indicate all that apply**

Age	Disability	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
Relevant  (Service open to 18-69 yrs. with all age groups represented in referrals.)	Relevant.  The service is designed to support people with mental health problems or mental illness.	Relevant  Referrals over 2019/20 roughly 2:1 female to male reflecting common trends amongst	Relevant	Not considered relevant	Not considered relevant	Relevant	Relevant	Relevant

		mental health services.						
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**Equality and Human Rights Measurement Framework – Reference those identified in Stage 1 (remove those that do not apply)**

Education	Work	Living Standards	Health	Justice and Personal Security	Participation
		Social Care	Social Care Health outcomes Access to health care Mental health		Access to services
Not considered relevant	Not considered relevant	x	x	Not considered relevant	x

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
<p>The proposal is to permanently close a building-based service accessed by those in the Galashiels area.</p> <p>The Gala Resource Centre was temporarily closed in line with national COVID restrictions. The temporary closure was reviewed jointly with those using the service and people with lived experience who were not currently using the service.</p> <p>This resulted in:</p> <ul style="list-style-type: none"> <li>• Signposting of people attending Gala Resource Centre to other appropriate services</li> </ul>	<p>Positive – in terms of providing alternative suitable services</p> <p>Positive – addressing improvements in current services and gaps identified in the service review</p>	Significant

<ul style="list-style-type: none"> <li>• Improved information and advice regarding access to alternative services</li> <li>• The proposal to develop and improve services for Emotionally Unstable Personality Disorder</li> <li>• Strengthening of existing arrangements for supporting those with severe and enduring mental ill health.</li> </ul>		
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<p><b>Is the proposal considered strategic under the Fairer Scotland Duty?</b></p>	<p>Yes. Permanent closure of the Gala Resource Centre and reallocation of resources (staff and some funding) allows the achievement of a strategic ambition to ensure people with mental health needs are able to access ‘the right support, at the right time, in the right place’ (Mental Health Strategy 2017).</p>
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<p><b>IA to be undertaken and submitted with the report – Yes</b></p> <p><b>If no – please attach this form to the report being presented for sign off</b></p>	<p><b>Proportionality &amp; Relevance Assessment undertaken by:</b>  Simon Burt  Philip Grieve  Debbie Raftery  Julie Waddell</p> <p><b>Date: 1<sup>st</sup> May 2021</b></p> <p><b>Updated 24<sup>th</sup> March 23</b></p>
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# Equality Human Rights and Fairer Scotland Duty Impact Assessment

## Stage 2 Empowering People - Capturing their Views



*Joint Executive Team and Strategic Planning Group BRIEFING NOTE*

*Permanent Closure of Gala Resource Centre*

### Equality Human Rights and Fairer Scotland Impact Assessment Team

<b>Role</b>	<b>Name</b>	<b>Job title</b>	<b>Date of IA Training</b>
Service Lead	Simon Burt	General Manager, Joint MH Services	
Responsible Officer	Philip Grieve	Service Manager, Joint MH Services	
Main Stakeholder (NHS Borders)	Debbie Raftery	Senior Project Manager	
Mains Stakeholder (Scottish Borders Council)	Julie Waddell	Planning & Development Manager, Joint MH Services	? – When working in Public Health, 2012-2016

## Evidence Gathering (will also influence and support consultation/engagement/community empowerment events)

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
Data on populations in need	Scottish Borders Health and Social Care Partnership (2015) <i>Facts and Statistics</i>	<p>The needs assessment drew on data from various sources that give an indication of the prevalence of mental health problems/illness in the Scottish Borders:</p> <p>Census 2011 - 3.5% of the Scottish Borders population identified themselves as having a mental health condition lasting at least 12 months.</p> <p>GP data – 881 (0.81% of all patients registered) patients with severe mental illness (e.g. schizophrenia, bi-polar affective disorder); 8,588 patients with newly diagnosed depression in the last year (7.4%).</p> <p>18,795 (16.5% of the local population) were prescribed drugs for depression, anxiety, and/or psychosis (year ending March 2013).</p>
Data on relevant protected characteristic	Scottish Borders Mental Health Needs Assessment (2014) and Scottish Borders Mental Health Strategy, 2017.	<p>The Needs Assessment and the Strategy both describe life events that can have a negative impact on mental health and wellbeing, including long-term conditions, adverse childhood events, substance misuse, homelessness, offending, poverty, unemployment, physical disabilities, and caring for others.</p> <p>A significant inequality is seen in the life expectancy of those with a diagnosed mental illness where life expectancy can be 10 to 15 years lower than the general population. People with mental health problems experience inequalities in relation to income and employment.</p> <p>Mental illness affects 1 in 4 adults and 1 in 10 children under 15. This suggests around 23,000 adults and 1,898 children and young people living in Scottish Borders will experience mental ill health at some point in their lives.</p>

		<p>Depression and anxiety are the most common. Antidepressants were the most commonly used drug to treat mental health problems in both Scottish Borders and Scotland, having increased year on year.</p> <p>Co-occurring mental health and drug or alcohol problems are common. Over 40% of people supported by the community mental health teams report problem drug use or harmful drinking, and mental health problems are present in over 70% of those in touch with addictions services.</p> <p>The suicide rate for the Borders was 15 per 100,000 population, just above the rate for Scotland. Suicide rates are higher for males than for females.</p> <p>The number of psychiatric admissions and lengths of stay shows a steady decline over the last 20 years. There were 680 admissions in 1998 falling to 470 in 2020. Most hospital stays were for a period of 8-28 days. This numbered 230 people in 1998, and had fallen to 120 people by 2020.</p> <p>Prescriptions for anti-psychotic medication amongst adults shows a small increase over time from just under 7 per 1,000 in 2010/11 up to almost 9 per 1,000 in 2019/20 (reflecting a similar trend for Scotland).</p> <p>Such data likely reflects a reduction in capacity (less beds) rather than demand so is not a good indicator of future need. It shows a gradual shift of resources in line with national and local policy of reducing bed numbers and moving care out into the community. This is based on the premise that as hospital-based care and treatment is reduced, it will be replaced by care delivered closer to</p>
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		home, reducing institutionalised care and supporting independence and recovery.
Data on service uptake/access	Gala Resource Centre service activity and monitoring data (2019/20) to inform a review of the service (2021).	<p>Accessing data was difficult as it had not been routinely gathered. Activity data for 2019/20 shows a change in the pattern of referrals to the service in terms of gender, age, diagnosis and referral route.</p> <ul style="list-style-type: none"> <li>• There has been an increase in younger adults (18-25), most commonly experiencing social anxieties</li> <li>• There has been an increase in young woman with trauma related Emotionally Unstable Personality Disorder</li> <li>• There has been an increase in those either diagnosed, or thought to be on the autistic spectrum</li> <li>• The largest referrals source is now GPs, with Community Mental Health Teams the next highest referrer. Numbers referred with severe mental ill health over recent years are very low.</li> </ul> <p>Emotionally Unstable Personality Disorder forms the largest proportion (38%), followed by anxiety disorders (34%), and depression (14%). Most Emotionally Unstable Personality Disorder referrals come from the statutory mental health services (CPNs) but even those coming via their GP are likely to have first been diagnosed by mental health clinicians.</p>
Data on socio economic disadvantage	Scottish Borders Health and Social Care Partnership (2015) <i>Facts and Statistics</i>	5 data zones in the Scottish Borders are recognised by Scottish Government as being amongst the 15% most deprived in Scotland (3.2% of the Scottish Borders population). The most deprived data zones in Scottish Borders are in Burnfoot, Hawick, and Langlee, Galashiels.

<p>Research/literature evidence</p>	<p>Figure8 (2017) <i>Evaluation of Mental Health Services In the Scottish Borders – Summary Evaluation of Gala Resource Centre</i></p>	<p>Independent evaluation of Gala Resource Centre in 2017 recommended areas for improvement around structure, management and ethos of the Centre. These recommendations did not translate into any changes for the staffing, approach or oversight of the service. Difficulties in accessing good monitoring data, together with feedback from stakeholders, suggests that the same issues still exist.</p>
<p>Existing experiences of service information</p>		
<p>Evidence of unmet need</p>	<p>Gala Resource Centre follow-up consultation:</p> <ul style="list-style-type: none"> <li>• Focus Groups with people with lived experience specifically around the needs of those with Emotionally Unstable Personality Disorder; and</li> <li>• Consultation with various staff disciplines involved in supporting people with Severe Mental Illness (SMI) and Emotionally Unstable Personality Disorder.</li> </ul>	<p>The workshop had identified main areas of unmet need, but additional consultation was required to examine these in greater depth to inform future plans.</p> <p>Of the referrals to Gala Resource Centre over Jan 2019 – March 2020, Emotionally Unstable Personality Disorders formed the largest proportion (38%), followed by anxiety disorders (34%), and depression (14%). Most Emotionally Unstable Personality Disorder referrals come from the statutory mental health services (Community Psychiatric Nurses) but even those coming via their GP are likely to have first been diagnosed by mental health clinicians. All those accessing support represented people with lived experience of mental ill health.</p> <p>Changes in Gala Resource Centre management, staff skills and supports offered had led to a gradual shift away from people with serious mental illness being referred to Gala Resource Centre and little had been developed in mental health services generally that offered alternative forms of support.</p>



		<p>It was acknowledged that new services have developed to support anxiety issues such as 'Renew' and the Distress Brief Intervention service although these tend to focus on shorter-term interventions.</p> <p>Stakeholders are agreed that attention should now focus on the needs of those with longer term mental health needs: restoring support for those with severe and enduring mental ill health, and those with a diagnosis of Emotionally Unstable Personality Disorder (increasingly being referred to Community Mental Health Teams and the Gala Resource Centre for support over recent years).</p> <p>For those with severe mental illness, a new model of supported accommodation has been approved that will see a transition to improved facilities, and the development of new, enhanced residential support that will provide stepped up/stepped down facilities (operational Feb 2023).</p> <p>For those with an Emotionally Unstable Personality Disorder, a proposal has been drafted to re-invest some of the GRC resources to recruit an additional staff post in mental health services. This post will support a cross-sector programme of staff training, collaborative working, and an enhanced care pathway. This will build on existing services for this client group and respond to needs identified by stakeholders in the GRC review, including:</p> <ul style="list-style-type: none"> <li>• Staff that are trained and supported to offer a compassionate response.</li> <li>• Collaborative working across sectors and agencies that avoids unnecessary referral/re-referral</li> <li>• Challenging stigma and promoting awareness and understanding of mental ill health amongst other services.</li> <li>• Accessible information and advice to support self-management skills in appropriate formats</li> </ul>
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		<ul style="list-style-type: none"> <li>Increased access - geographically and practically - using a blended delivery model (face-to-face, on-line, text etc).</li> </ul>
Good practice guidelines	Co-production Charter – local agreement facilitated by Border Care Voice. This makes a commitment to involve people with lived experience in the development of mental health policies and services in the Scottish Borders.	Representation from Border Care Voice ensured we adhered to the agreed principles, and facilitated representation of people with lived experience in the consultation exercises.
Other – please specify	Consultation with mental health professionals (including Psychology Dept.) as part of the 2021 Gala Resource Centre service review.	During the review it became clear that there had been no discussion about the establishment of psycho-educational courses for people with personality disorders with our local psychology service. The Psychology Service is responsible for the governance of psychological therapies delivered within local statutory services. Although the courses were valued by both professionals and people with lived experience, there was questionable governance with regards to the course and qualifications of those offering it.
Risks Identified	Consultation with mental health professionals (including Psychology Dept.) as part of the 2021 Gala Resource Centre service review.	There are clinical risks associated with the issues identified in this recent service review around the clinical governance of programmes delivered for potentially vulnerable people which would need to be addressed in any future service development.
Additional evidence required		

## Consultation/Engagement/Community Empowerment Events

### Event 1

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
11/05/21	On-line (due to Covid restrictions)	42 people in total plus presenters: People with Lived Experience of mental ill health and/or addictions – 8 Carers - 1 Gala Resource Centre staff - 3 NHS – various (staff rep, union, project support, finance) – 11 Statutory mental health & addictions services – 11 Commissioned mental health & addictions services – 2 NHS AHPs – 1 GP - 2 SBC staff (SW - 2, Contracts – 1)	People with lived experience of mental ill health (including those who had and had not accessed Gala Resource Centre).

\*Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)

Views Expressed	Officer Response
<p>Although the focus for discussion was on Gala Resource Centre services, participants chose to share examples of having accessed support from various sources including Gala Resource Centre, GP and adult Mental Health Services.</p> <p><u>Who is the GALA RESOURCE CENTRE not catering for?</u></p>	<p>The following have been co-designed with people with the relevant protected characteristics to meet current and future needs and address the views expressed.</p> <ul style="list-style-type: none"> <li>• Miller House – a new service which was subject to its own Equality Human Rights Impact Assessment</li> <li>• Emotionally Unstable Personality Disorder Proposal – subject to consultation currently with people with the relevant protected</li> </ul>

Those with 'severe and enduring' mental ill health and people with Emotionally Unstable Personality Disorders

How do we best meet the needs of the two groups above?

A person-centred, flexible approach that offers a range of options including psychosocial interventions (mindfulness, anxiety management, Cognitive Behavioural Therapy, emotional regulation), peer support, life skills development, and activities that promote health and wellbeing, connectedness and employability.

What should future services look like?

Locality-based support (to reduce geographical inequalities); hub & spoke model; blended of face-to-face and digital; flexible, not time limited); multi-disciplinary (include OT, social and practical support); activities adapted for people with severe and enduring mental ill-health.

How should it connect to other services?

Improved integration with the Wellbeing College and other services and more clearly defined treatment pathways; close working with Community Mental Health Teams, working in partnership with locality-based community resources; staff aware of and understand how services connect with each other; multi-disciplinary working; empowerment – equal relationships between staff/those using the services.

characteristics and lived experience. This to improve and enhance the existing personality disorder pathway

## Event 2

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
25 <sup>th</sup> Jan 2022.	On-line focus group (due to Covid restrictions)	2	Yes – people with lived experience of mental ill health (Emotionally Unstable Personality Disorder).
<b>Views Expressed</b>		<b>Officer Response</b>	
<p>This focus group was arranged specifically to discuss the needs of people with Emotionally Unstable Personality Disorder (Who are we not catering for?). The rest of the questions were repeated from the original workshop:</p> <p><u>How do we best meet their needs?</u></p> <ul style="list-style-type: none"> <li>• Better access to information/what Emotionally Unstable Personality Disorder means and what’s available at diagnosis point.</li> <li>• Interventions to manage anxiety and depression (mindfulness, talking with others, café, crafts, walking and other outside/gardening activities).</li> <li>• Being able to ask for help with peers who have been through or are going through the same thing.</li> <li>• Being able to have an individual that can ‘just check in’ and have contact with someone that has taken time to get to know you and be able to consistently touch base.</li> </ul> <p><u>What should future services look like?</u></p> <ul style="list-style-type: none"> <li>• Having an online hub as well as a physical place. Ideally given a username and password with anonymous alias for a peer network and discussion forum.</li> </ul>		<p>Participants were invited to contribute to further aspects of the review in terms of option appraisals and developing future proposals. One asked to be involved and details were taken. Their feedback helped to shape the final proposal.</p>	

<ul style="list-style-type: none"> <li>• Be able to cater for needs whether that is face-to-face, online or via phone etc. as this will vary from person to person and be dependent upon current situation.</li> <li>• A service that can set-up the ‘basics’ consistently – such as a safety plan – to help individuals manage their condition.</li> <li>• A safe place with people that will give you time to talk (no support groups are available at the time of diagnosis)</li> </ul> <p><u>How should it connect to other services?</u></p> <ul style="list-style-type: none"> <li>• Other services know what’s available and can signpost/refer.</li> <li>• Promotion more in line with addictions services</li> </ul>	
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### Event 3

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
7 <sup>th</sup> Feb 2022	On-line focus group (due to Covid restrictions)	1 person with lived experience of mental ill health (and also of the LGBTQ+ community but not explicitly representing that group). This person was there to discuss their own views and those of others with lived experience, some of whom had accessed GRC for support.	Yes – people with lived experience of mental ill health (Emotionally Unstable Personality Disorder).
<b>Views Expressed</b>		<b>Officer Response</b>	
A separate Emotionally Unstable Personality Disorder-specific focus group was held for an individual not able to participate in the previous one held on 19 <sup>th</sup> Jan (same questions but participant preferred a free-flowing discussion).		Regular feedback on the review process has also been shared with the Border Care Voice Mental Health & Wellbeing Forum for people with lived experience, and the Providers Forum. Future arrangements will be based on agreed and informed by the Co-production Charter – see Stage 3.	

LGBTQ+ was not an explicit focus of the questions, or of any discussion, but the meeting was not formally structured and opportunities to raise any issues were available throughout. No such issues were raised.

#### **WHAT WOULD BEST MEET NEEDS MOVING FORWARD/MEETING THE GAPS**

- (1) **There is a gap in information** – need to help people understand Emotionally Unstable Personality Disorder - what it is, what it means for them, how to manage it, what the future holds etc.
- (2) **Location/blended support:** Due to Covid, we are now able to access more blended support (on-line, phone etc) which some people like. It's easier, less threatening, especially if you are having a bad day, and can turn the camera off if you want.
- (3) **Staying connected.** It's important to meet other people in the same situation. Opportunities to network are vital.
- (4) **Education resources** such as CAPS (advocacy organisation that runs a course in Edinburgh) – a dedicated project for people with a personality disorder that people found very helpful (co-written and co-facilitated by peers).  
[Experiences of Personality Disorder - CAPS \(capsadvocacy.org\)](#) – Something like that could be useful here.
- (5) **Managing distressing emotions.** Gala Resource Centre used to run such groups, and there is some support available at present e.g. on-line and via the Health in Mind service. However, these are short-term supports for long-

term problems that can take years to learn and need a lot of practise

- (6) **Mindfulness:** People with mental health difficulties are not welcome in Mindfulness sessions but it could be really helpful. People need support to feel welcomed and offered meaningful opportunity to manage triggers etc.
- (7) **Creativity sessions:** Arts, crafts and nature activities can be really helpful. Gala Resource Centre provided a safe space for Emotionally Unstable Personality Disorder without triggers. It reduces feelings of isolation within a non-threatening group without having to be forced into social situations.
- (8) **Managing a crisis/suicidal thoughts:** Small things can be very stressful and crisis can occur easily - fluctuating nature of Emotionally Unstable Personality Disorder. This may or may not involve suicidal thoughts (with or without intent) and self-harm. People can feel uncomfortable discussing these things with us, but we need a safe space to be able to do this where we can go for reassurance, support, and time out.
- (9) **Staff:** Emotionally Unstable Personality Disorder is a difficult and unpredictable condition to manage and to support. Staff need training, help and support to work with this.
- (10) **Safety planning:** This is so important and should be part of any support both in services, and out of them (peer support?).



# Equality, Human Rights and Fairer Scotland Duty Impact Assessment

## Stage 3



### Analysis of findings and recommendations

#### Permanent Closure of Gala Resource Centre

**Please detail a summary of the purpose of the proposal being developed or reviewed including the aims, objectives and intended outcomes**

The Gala Resource Centre is a building-based day service for adults 18 and over with mental health problems. It offers building and community based leisure, interest and skills-based activities to support improvements in mental health and wellbeing.

Covid-related restrictions on face-to-face service delivery, and a need to re-deploy staff to alternative roles elsewhere, resulted in the temporary closure of the Gala Resource Centre in early 2020. Existing clients and new referrals were directed to alternative sources of mental health support, mainly from the Borders-wide Local Area Coordinating Team.

In 2017, an independent evaluation of the Gala Resource Centre undertaken highlighted concerns over 'the lack of a clear, agreed service model' and called for 'improvements in the structure, management, delivery and monitoring of the service over the next 3-5 years' together with a need to review joint working arrangements with other services. These recommendations were not actioned, and although there were numerous developments in local mental health services over the following years, the Gala Resource Centre was not included in that process.

A more recent Gala Resource Centre service review (2021) found that a centralised, building-based service no longer meets the needs of people with longer-term mental health needs in the Borders. It recommended that proposals be developed that offer locality-based supports and address the long-term mental health needs of the two groups identified (those with severe mental illness, and those with Emotionally Unstable Personality Disorder).

An Option Appraisal considered whether to re-open the Gala Resource Centre, or to make the closure permanent and re-focus resources on developing services to address the gaps identified. As staff had now either left their posts or been re-allocated to alternative roles, they were no longer available to re-open the original service. The building had also now been unoccupied for more than 2 years and would have needed refurbishment. Those in need of services had been accessing alternative services for support, and people with lived experience and ex-service users had contributed their thoughts on how future services might be strengthened. The Option Appraisal therefore concluded that the Gala Resource Centre should remain closed, and proposals developed that would address the gap in services identified by stakeholders.

#### Equality Act 2010 – Relevant Protected Characteristics as identified in Stage 1

Protected Characteristic	Equality Duty	What impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Age	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	<p>Significant alternative services have been developed since the opening of GRC. All these services are accessible to the same age group as GRC was. All services gather data on attendance by age.</p> <p>For example, for DBI approximately 50% of referrals are from those aged 16 – 34 with those over 65 making up less than 5% of referrals.</p>	<p>Services are collecting data upon attendance including by age.</p> <p>All Mental Health Services are currently being reviewed or scheduled to be reviewed. We will be ensuring that accessibility across the age groups is analysed and when under representation, positive action is taken.</p> <p>Scottish Government have announced an intention to provide additional funding to ensure that mental health primary care services are</p>

		<p>Previous scoping exercise in Primary care have recognised a need to develop suitable therapeutic services that adults receive from Renew for under 18s. There is less of a take up of services by older adults in general.</p>	<p>“ageless”. We have scoped with partners the priority age group will be under 18s. This will enhance the additional funding made available to CAMHS to deliver the CAMHS standards.</p> <p>We have expanded our DBI service to 17 year olds. There is a Scottish Government pilot to expand further to 16 year olds. We will monitor the results of this pilot and consider for further service development going forward.</p> <p>Involving people with lived experience in developing new arrangements</p> <p>Monitoring of referrals to the Community Mental Health Teams in terms of protected characteristics, activity, outcomes and experience.</p>
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	
Disability	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	<p>People who may previously have been referred to Gala Resource Centre are already now accessing other mental health services that can act as a gateway to a range of information, advice and supports.</p> <p>These include Renew, Peer Support Workers within Community Mental Health Teams,</p>	<p>In addition, mental health residential rehabilitation services will be enhanced through a move to improved accommodation and the development of new facilities at “Millar House” for people with severe mental illness.</p>

		Wellbeing College, Local Area Coordination Team, Advanced Nurse Practitioner role with Border Crisis team, pre diagnostic support for adults who may have/have Autism, Perinatal pathway and additional support, addictions services, and the Distress Brief Intervention Service.	<p>A proposal has also been developed that will enhance existing supports for people with an Emotionally Unstable Personality Disorder.</p> <p>This new proposal will allow the reinvestment of some resources to develop interventions and address a gap in supports for people with Emotionally Unstable Personality Disorder. The proposal will provide:</p> <ul style="list-style-type: none"> <li>• dedicated time, training and agreed protocols</li> <li>• build capacity across all Community Mental Health Services</li> <li>• improve geographical equality of access across the Borders</li> </ul>
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	
Gender Reassignment	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	As it stands the closure of GRC will have no impact upon people who have undergone gender reassignment. However, we are aware that we need to ensure that we pay attention to any accessibility and inclusion issues that there may be across our services.	We have already completed the self-assessment audit tool contained within the MWC Good Practice Guide "LGBT Inclusive Mental Health Services (August 2022)" and will be looking to deliver improvements. NHS Borders are looking to pilot training in this area for which Mental Health services have agreed to be early adopters.
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	

Marriage and Civil Partnership	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	None identified at the time of undertaking the impact assessment	
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	
Pregnancy and Maternity	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	None identified at the time of undertaking the impact assessment	
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	
Race	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	As it stands, we do not believe that the closure of GRC in itself will adversely impact upon racial equality.	<p>Mental Health services are actively looking at how we can implement the Mental Welfare Commissions Racial Inequality and Mental Health in Scotland (Sept 2020) recommendations across all services. This should go some way to ensure that our services are accessible and inclusive. As mentioned earlier, we will be ensuring that these recommendations are included within service reviews.</p> <p>Some data is gathered in this area but it's fair to say that we do not adequately utilise this to monitor and ensure representative accessibility and inclusivity. We will look to proactively</p>

			monitor accessibility and inclusivity, utilising available published research in this area. Again, this will be covered within our service reviews.
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	
Religion & Belief including non-belief	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	As it stands, we do not believe that the closure of GRC in itself will adversely impact upon people's religion, beliefs including non-beliefs.	
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	
Sex (Gender)	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	Referrals over 2019/20 roughly 2:1 female to male reflecting common trends amongst mental health services. In relation to the new services in place, referral by gender is gathered and shows on average a similar gender balance on average as for GRC when it was in operation. For example, the DBI service receives 58% of its referrals from women.	Services are collecting data upon attendance including by gender. All Mental Health Services are currently being reviewed or scheduled to be reviewed. We will be ensuring that accessibility across the protected groups are analysed and where under represented, positive action is taken.
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	

Sexual Orientation	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	None identified at the time of undertaking the impact assessment	We have already completed the self-assessment audit tool contained within the MWC Good Practice Guide “LGBT Inclusive Mental Health Services (August 2022)” and will be looking to deliver improvements. NHS Borders are looking to pilot training in this area for which Mental Health services have agreed to be early adopters.
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	

#### Equality and Human Rights Measurement Framework Human– Reference those identified in Stage 1

Article	Enhancing or Infringing	Impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Health	Social Care Health outcomes Access to health care Mental health	Proposal will have a positive impact on enhancing the quality and range of supports for people with Emotionally Unstable Personality Disorder - currently not available across the Borders, and only to a limited extent when the Gala Resource Centre was operational.	Involving people with lived experience in developing new arrangements  Capturing and evidencing participation of people by protected characteristic  Monitoring of referrals to the Community Mental Health Teams in terms of activity, outcomes and experience.

Living Standards	Enhancing <ul style="list-style-type: none"> <li>Poverty</li> </ul>	People will be able to access services in their local community reducing the requirement to travel and the associated costs of travelling to building based services	Number of people, by protected characteristic, accessing community based services
Participation	Enhancing <ul style="list-style-type: none"> <li>Participation and representation</li> <li>Access to services</li> <li>Family Life</li> </ul>	<p>Services co-produced with those currently using and future users of services</p> <p>Increased access to locally community based services</p> <p>Reduction on the dependency on carers or family members to support travel to building based services</p> <p>Reduction in carer stress</p>	<p>Involving people with lived experience in developing new arrangements</p> <p>Capturing and evidencing participation of people by protected characteristic</p> <p>Monitoring of referrals to the CMHTs in terms of protected characteristic, activity, outcomes and experience.</p>

### Fairer Scotland Duty

Identify the opportunities the strategic programme/proposal/decision provides to reduce or further reduce inequalities of outcome	Permanent closure of the GRC and reallocation of resources (staff and some funding) will support the reduction in hospital-based care and treatment and an increase in the delivery of care closer to people's home and family. Adopting such an approach will enhance the right to family life and reduce any unnecessary travel expenses and associated costs for those on low income. It will also reduce any unnecessary impact on the demands placed on unpaid carers.
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Are there any negative impacts with no identified mitigating actions? If yes, please detail these below: not applicable



## Equality, Human Rights & Fairer Scotland Duty Impact Assessment Recommendations

What recommendations were identified during the equality and human rights impact assessment process:

Recommendation	Recommendation owned by:	Date recommendation will be implemented by	Review Date
Ensure the continued active involvement of people with lived experience all of the relevant protected characteristics identified in the co design, coproduction and monitoring of the proposal.	Simon Burt General Manager Mental Health and Learning Disability Services	End March 2023	End March 2024
Continue to work collaboratively with Borders Care Voice to ensure that we continue to adhere to the agreed principles in the Co-Production Charter	Service manager	Ongoing	March 2024
Work with Borders Care Voice to ensure representation of people with lived experience and the relevant protected characteristics continue to participate in, influence and inform future service developments including outcome evaluation.	Julie Waddell Borders Care Voice	Ongoing	March 2024
Consult with the Border Care Voice Mental Health & Wellbeing Forum and the Providers Forum about the creation of a Co-Production Steering Group involving people with lived experience in the creation,	Julie Waddell	April 2023	March 2024

implementation and monitoring of services that address identified gaps.			
All communications coming through the above Steering group will be made available in all appropriate formats to ensure accessibility.	Mental Health & Wellbeing Forum Steering Group	April 2023	March 2024
Ensure that services and staff are trauma informed this to include staff awareness training and ensuring that services and environments are appropriate and provide a safe and supportive space.	Mental Health & Wellbeing Forum Steering Group	April 2023	March 2024

### Monitoring Impact – Internal Verification of Outcomes

How will you monitor the impact this proposal affects different groups, including people with protected characteristics?

<p>Monthly reporting to the Emotionally Unstable Personality Disorder Steering Group</p> <p>Monthly reporting to the Health and Social Care Partnership’s Strategic Planning Group’s Equality and Human Rights Subgroup</p> <p>The 6 monthly Risk Committee Report</p> <p>The Annual Equality and Human Rights Integration Joint Board Report</p>
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### Procured, Tendered or Commissioned Services (SSPSED)

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children’s rights and the Fairer Scotland duties be addressed?

<p>No, although commissioned services and people with lived experience will be stakeholders in the development, implementation and monitoring of the proposal – see above re the Border Care Voice Mental Health &amp; Wellbeing Forum and Providers Forum.</p>
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### **Communication Plan (SSPSED)**

Please provide a summary of the communication plan which details how the information about this policy/service to young people, those with a visual or hearing sensory impairment, difficulty with reading or numbers, learning difficulties or English as a second language will be communicated.

An information leaflet will be drafted in partnership with Border Care Voice and their forum members following the principals in the Co-Production Charter. This will set out any changes in service provision, what supports, and services are available, and how these may be accessed. This will be shared with all stakeholders on-line, in person at forum meetings, and in paper format. It will be made available in other languages and formats such as large print, audio and braille. Contact details will be provided for accessing information.

**Signed Off by: Simon Burt, General Manager Mental Health and Learning Disability Services**

**Date: 24<sup>th</sup> March 2023**