Equality, Human Rights and Fairer Scotland Duty Impact Assessment

Stage 1 Proportionality and Relevance

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

> Review of the Local Area Co-ordination Service (delivery model)

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

Age	Disability Learning Disability, Learning Difficulty, Mental Health, Physical Neurodiversity Neurological Condition	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
x	x	x	x		x	x	x	x

Equality and Human Rights Measurement Framework – Reference those identified in Stage 1 (highlight those that apply)

Education	Work	Living Standards	Health	Justice and Personal Security	Participation
Higher education Lifelong learning	Employment Earnings Occupational segregation Forced Labour and trafficking*	Poverty Housing Social Care	Social Care Health outcomes Access to health care Mental health Reproductive and sexual health* Palliative and end of life care*	Conditions of detention Hate crime, homicides and sexual/domestic abuse Criminal civil justice Restorative justice Reintegration, resettlement and rehabilitation*	Political and civic participation and representation Access to services Privacy and surveillance Social and community cohesion* Family Life*

*Supplementary indicators

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
The review will inform future service planning to ensure effective use of resources that improve health and wellbeing for people with the above identified relevant protected characteristics and their carers, communities who experience inequality and those with lived experience on inequality in accessing services.	Positive	Significant
It is anticipated that the review will deliver an early intervention and prevention model.	Positive	Significant

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes
E&HRIA to be undertaken and submitted with the report – Yes **If no – please attach this form to the report being presented for sign off**	**Proportionality & Relevance Assessment undertaken by:** **Name of Officer:** **Irene Thomson** **Operational Manager** **Julie Waddell** **Planning and Development Manager, Mental Health/Addictions** **Simon Burt** **General Manager Mental Health & Learning Disability Services** **Date: 14th Feb 2024**

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Equality Human Rights and Fairer Scotland Duty Impact Assessment

Stage 2 Empowering People - Capturing their Views

Report Title

Consultation on Local Area Co-ordination Service Review Proposals

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
HSCP Joint Executive Team	Simon Burt	General Manager, Joint MH Services	
Responsible Officer	Irene Thomson	Operational Manager, Mental Health Services	
Main Stakeholder (NHS Borders)	Julie Waddell	Planning & Development Manager, Joint MH Services	

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/Communities Experiencing Inequalities/People with Lived Experience
What equalities information is routinely collected from people currently using the service or affected by the policy?	Local Area Co-ordination Service data	The information currently collated evidence that: 10% of referrals related to people with a learning disability 47% of referrals related to people requiring support in relation to their mental health 36 % of referrals related to older people 6% of referrals related to people with a physical disability There is a lack of information relating to: • Age specific • Gender • Gender Reassignment • Race • Religion and Belief including non-belief • Sexual Orientation
Data on populations in need (from an equalities perspective)	National Records of Scotland	The population of Scottish Borders is 116,900 with the 5th highest population above aged 65 in Scotland at the last census. Up to date national data is not currently available specific to disability and mental health. Residents by place of birth is 109,847 UK, 3,741 European, with the remainder (less than 0.02 of the local population) The highest population of those not born in the UK is Polish making up 1.4% of the Borders population. The service does not currently collect data on race, but this will be included in key data sets for the future. We have not carried out specific consultation with any

ethnic minorities but will aim to ensure this is included within service development and implementation.

Data on relevant protected characteristic	Local Area Co-ordination Service data	Referrals Rates	2020	2021	2022	2023
		Learning Disability	34	56	104	76
		Mental Health	120	257	318	342
		Older Adults	184	160	268	260
		People with Physical disabilities	19	23	42	42
		Total Number of Referrals	357	496	732	720

Referral data shows that the highest number of referrals were in the categories of older adults and people with mental ill health. This was resulting in longer waiting times depending upon staffing and locality.

Data on service uptake/access

The service has seen an increase in referrals over recent years. The greatest number of referrals are for people with mental ill-health, and older people, however the largest increase in the number of referrals (by %) are in relation to Learning Disability and Physical Disability although the numbers are significantly less than older people and people requiring mental health support. This reflects:

- An increased demand for mental health support during and after the covid pandemic
- The closure of day services for older people.

Data on socio economic disadvantage

The increase in mental health referrals to Local Area Coordination Service is also thought to result from the re-introduction of the Charging Policy for a Mental Health Housing Support Service in October 2021 as there is no charge for accessing Local Area Coordination Service.

Research/literature evidence	Equalities and Human Rights Monitor "Is Scotland Fairer" 2023	There has been a notable increase in both disabled and non-disabled people reporting poor mental health in Scotland from 2015, but the increase has been much larger for disabled people (7.4 percentage points) than for non-disabled people (1.5 percentage points). Analysis of Scottish Health Survey data shows that roughly one in three disabled people reported symptoms of poor mental health in 2018 compared with 12.5% of non-disabled people. While levels of poor mental health symptoms have been relatively stable since 2010, there were increases in both disabled and non-disabled people reporting symptoms of poor mental health in Scotland from 2015 until the pandemic in 2020. The increase was much larger for disabled people (7.4 percentage points) compared with non-disabled people (1.5 percentage points)	
Existing experiences of service information	Gathered from staff	**WHAT COULD BE IMPROVED?** *Re staff:* Training and induction programmes – need to be reviewed and better suited to meet the needs of people being referred for support e.g. working with suicidal people/mental health	A key proposal is the development of a staff training programme which addresses identified training needs and enables staff to feel more confident in working with a range of needs and protected characteristics. This will be delivered where appropriate by external providers with relevant expertise, which is monitored for impact and applicability in practice.
		Re clients: More complex cases since Covid/closure of Gala Resource Centre - multiple conditions, physical and mental health, personality disorders, agoraphobia,	Clarification of the referral/eligibility criteria to be shared with referrers, to ensure people with advanced dementia and more severe mental ill health are referred to more appropriate services..

		bipolar, schizophrenia, and advanced dementia - feel overwhelmed.	This should reduce the chance of people being referred, whose needs cannot be met (advanced dementia, more severe mental ill health), primarily by Local Area Coordination but more appropriate referral to services that are designed to meet their individual needs. An alternative service could support these individuals to access Local Area Coordination at the appropriate time.
		Autism has always been within eligibility but this has not been applied consistently across localities. Staff have lacked confidence in working with neurodiversity. Can require specific communication skills.	Consistent application of eligibility criteria across localities will ensure equal access for people with Neurodiversity across the Borders. Invite representatives from Neurodivergent Communities to be involved in/contribute to a staff training programme that helps to increase understanding of the needs of people referred who have an autism diagnosis and improve staff communications skills to improve the quality of supports given.
		Number of people with dementia - feel it has increased and a lot younger. Linked to pandemic taking away structure and routine, stimulation etc.	Invite the Scottish Borders Health and Social Care Partnership's Dementia Strategy Lead Officer to join the service Wellbeing Board

		We share info on what groups are available but biggest hurdles are how dementia clients will get there, and they need reminding to go. How can they do this independently?	Invite a representative involved in Learning Disability Forum to join the service Wellbeing Board to advise on staff learning and development.
		Re Outcomes forms: Clients don't understand what the questions mean. Some people we support are non-verbal and rely on a carer or family member to answer questions.	A key proposal is to agree new a outcome measurement tool that allows for meaningful engagement with clients as to what difference the service is making to support their needs. This tool will be designed to capture protected characteristics and inequality which will support comparative analysis to identify any additional measures needed to improve the quality of life outcomes for people using the service.
		Re IT/recording processes: Would be helpful to make referrals there and then with clients on a tablet/mobile device and submit right away.	Present the case to include Local Area Coordination Service in the next phase of the Mobile Device Pathfinder Project. This to address the non-access to mobile devices and the timely updating of records.
		Re partners/wider context: Staff have identified a need for greater understanding of Alcohol and Drug use issues	Work collaboratively with the Alcohol and Drugs Partnership to deliver staff awareness training which will deliver an understanding of addiction issues and highlight the supports available for people being referred to the Local Area Coordination Service.

		We don't have good connections with mental health team. Don't know where we fit in with them. Work closely with some Community Psychiatric Nurses and not others. Once we get a referral from mental health service, we cannot go back to them if the person's needs change– some clients 'bounce around' services. Do a lot of joint work with some mental health professionals but not others.	Work collaboratively with Mental Health Teams to develop a joint understanding of roles and remits of the services, support available for people being referred to the Local Area Coordination Service, and agree care pathways. Local Area Coordination will be involved in the expansion of the single point of access currently being developed within Mental Health Services. This will include joint working and reciprocal referral arrangements between services to support collaborative working.
		Gaps in Services: Closure of Older Adults Day Services: "Through that process we linked people up to other groups, but pandemic has brought about that need again. Some have advanced dementia. Day centres are required to provide respite. A lot of referrals come in not just for person but for husband/family members too. Gala Day Centre-type service / pre-engagement work that was completed by them e.g. groups. Would have been a stepping-stone to other services. As a result of other services closing down older people have limited	Review the Local Area Coordination Service's participation and representation in the following areas Carers Strategy/Dementia Strategy/Day Support Reviews. This to ensure that the Local Area Coordination Service influences and informs the above strategies implementation plans and the Day Support Review. Improve networking between Local Area Coordination and Health and Social Care commissioners at strategic level to ensure information is shared on the needs of older adults and what resources might meet those needs.

		opportunities or means of accessing them.	
		Community capacity building: Community Capacity Building has not been happening to the same extent since covid. A number of specialist or disease specific groups have not restarted and there is no localised resource which shows what is happening where. This is mirrored across both the Local Area Coordination service and other services. This has reduced the availability of resources to meet the needs of people with protected characteristics particularly older adults, people with Mental illness, learning disabilities, physical disabilities or dementia.	Resetting the model and focus of the service will play a key role in community capacity building with the service developing opportunities for people with protected characteristics in localities. The local area coordination model builds on the strengths of people and communities it works with, including those with specific needs related to their disabilities or circumstances. Revised service to make operational links with the Scottish Borders Health & Social Care Partnership's Wellbeing Workstream to ensure that staff have access to the most up to date mapping exercise of current service provision. Wellbeing Board to develop a Communications Strategy that promotes more inclusive communications methods (available in

			various formats, commonly used languages, and using a variety of outlets). This information should clarify any changes to the service, highlight the supports available for people being referred, and how these may be accessed. This would aim to ensure that people with various disabilities are referred to as the most appropriate source of support, and more timeously. This should help to reduce waiting times for certain referrals (Mostly older adults and those with mental ill health).
		Carers Carers often very distressed due to lack of respite (day services/care packages) and our staff feel they have to continue working with them as o-one else is and don't want to leave them without support.	The reset of the model will focus on the development of networks and relationships to increase opportunities for activity and involvement for carers. Work with local carer organisations, to ensure carers have access to the right service at the right time.
Evidence of unmet need	Survey of existing service users	Those that responded stated that the current service is not always able to meet the needs of people from the Neurodiversity communities, or disabled people (Physical)	Staff training programme designed to help staff meet the needs of people being referred to the service for support, including those with Neurodiversity, Dementia, Mental Ill Health, and Physical Disability or Learning Disability.

		29% of respondents felt that the service was too busy with staff having insufficient time to deliver the necessary level of support (specially for specific groups such as younger people, those with dementia).	We suggest that staff move from working in specialities to a more generic role, and that staffing resources should be allocated according to need and demand. Both these measures are designed to improve access across care groups and localities, reducing the longer waits experienced in some localities by older adults and people with mental ill health. More accurate recording of service activity will allow progress in reducing inequalities in waiting times to be monitored for improvement.
		The service isn't always suited to work with someone who has a physical illness, or people with more advanced dementia.	The revised service will direct people with higher levels of need (such as more severe mental or physical ill health) to more specialist sources of support to ensure that their specific needs can be met, and information shared with referrers on the supports the service *can* provide to support a 'right service at the right time' approach.

More detailed consultation with representative groups for people with physical disabilities has been challenging but is explicitly included in plans for future service oversight and development of the service. |

		There are insufficient partners/volunteers to initiate or sustain community resources for ongoing support.'	This feedback will be escalated to the Wellbeing Workstream Lead Officer The allocation of staff to specific towns will enable local area coordinators to develop stronger relationships and knowledge of their area and potential opportunities for volunteering.
Good practice guidelines	Local Area Coordination Scotland (2023) Ralph Broad	These guidelines will support and inform the reset of the local area coordination service in Scottish Borders, to comply with its key principles and offer a more inclusive service. Local area coordination will: • Take time to get to know the local community really well – people, places, resources, opportunities, mutual support. • Work in partnership with local people to develop new community resources, mobilise community action and mutual support, raise awareness and support inclusion and valued contribution of people and their families. • Be available to people going through life or service transitions – continuity through life and service changes. • Build strong partnerships with specialist services, non-government organisations and the mainstream services.	
Other – please specify			
Risks Identified			
Additional evidence required	Consultation with Stakeholders 2023	In the initial stages of the review process, we consulted with a wide variety of people using a range of methodologies including: • Face-to-face meetings with staff • A staff online survey	

		- Online and paper questionnaire in various formats to current and recent users of the service. - Online questionnaires to wider stakeholders, (including carers, referrers, partner organisations, and groups specifically working with those with protected characteristics). We were aiming to identify the strengths and areas for improvement and what difference the service made to people accessing support. These findings informed the development of proposals which were the subject of the second consultation. Stakeholders included groups representing different protected characteristics but did not ask if they identified with any specific protected characteristic, so could not present the findings in that way. This was a learning opportunity which enabled us to ask about protected characteristics within our second survey to consult on the proposals.
	Consultation with Stakeholders 2024	The second consultation process, which focused on the proposals for change included all the steps previously undertaken as above. In addition, there were efforts to consult with protected characteristic groups not explicitly included in the first consultation. We were successful in meeting with some groups although the numbers attending was limited including mental health, learning disability, older adult, carers, neurodiversity, and perinatal mental health. Efforts to engage specific groups included - Offering various dates to meet - Offering various means of engagement – Telephone, online, in person. - Repeated correspondence/email with key individuals who might facilitate engagement. Success in engagement was varied and responses included lack of capacity or time availability due to competing priorities. We did have some feedback that some groups are experiencing consultation fatigue or that they did not see the value in giving up their time

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		We have therefore been unable to meet with the following groups to discuss aspects of race, gender, and sexuality. Plans to include these groups in the implementation process and oversight of the service will be embedded moving forwards.

Consultation/Engagement/Community Empowerment Events

Event 1: Perinatal Mental Health Services

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
11 June 2024	MS Teams	6 professionals, of whom 1 Community Psychiatric nurses 2 Midwives 1 Psychologist 1 Psychiatrist	Those who are pregnant and may have mental illness

Views Expressed	Officer Response
The current Local Area Coordination service does not provide any supports that are quick enough to respond to the needs of pregnant people. There are good specialist services in the Borders who professionals would rather refer to as time is of the essence during pregnancy. The professionals present did not think there was a change in approach that Local Area Co-ordination could undertake that would make them more appropriate to the needs of pregnant women experiencing mental illness or at risk of mental illness.	Training in the signs and symptoms of perinatal mental illness will be a helpful tool for staff within the Local Area Coordination service and should be included in a revised training programme for Local Area Coordination staff. Specialist services are happy to work with partners to assist with training on the signs and symptoms of perinatal mental ill health. In addition, the Local Area Co-ordination Service can share information with Perinatal Mental Health on the range of supports and services available to offer a more collaborative approach to providing support at localities level.

They did, however, think there is potential for staff to learn about perinatal needs of pregnant people. Those in attendance thought it would be beneficial to share information and learning with all services in the localities across Scottish Borders.	

Event 2- Carers First

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
21 June 24	Old Gala House, Galashiels	1 Staff member/facilitator 4 Carers	Carers speaking on behalf of 2 individuals with Dementia (Mental Health and Older Adult) 1 Older adult with Physical Disability 1 Adult with Physical disability (2 carers were themselves older adults, another adult stated they have a major mental illness while the fourth was an immigrant to the UK)

Views Expressed	Officer Response
The lack of volunteers and how difficult it can be to keep things going if you don't have the money or support to do it were highlighted. The group talked a lot about needing to work together and know about what is happening in communities not just the one you work in.	Carers First to be invited to become a member of the Wellbeing Board which has recently been established to evaluate the effectiveness of the revised Local Area Coordination Service. The Local Area Co-ordination staff should forge links with Borders Community Action to maximise opportunities for attracting volunteers at locality level. Linking with the Wellbeing Workstream would also create opportunities for networking

There were concerns expressed about finances and the potential impact of financial constraints.	and sharing information about opportunities for local communities supporting specific groups.
Those present expressed a need to ensure people with lived experience and carers need to be consulted and informed of what is going on as they could offer solutions. One carer who has English as a second language had received a questionnaire in their first language (Ukrainian) and this had led to an increased feeling of inclusivity.	A Communications Strategy should be developed by the Wellbeing Board that promotes more inclusive approach to communications in terms of formats, languages and methods of dissemination. This should help to meet the needs of those being referred (and their carers) where English is not the main language spoken, or where disability impedes communication.

Event 3 - People with lived experience of mental ill health

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
24/06/24	Langlee Community Centre	People with Lived experience of mental health problems: 5 (apologies on the day from 3) Carer: 1 Staff members: 5 (CAB, Carers centre, Penumbra, CMHT peer support service, Encompass – Self-Directed Support service).	Disability: Mental Health

Views Expressed	Officer Response
Training and support needed for staff. Skill and knowledge sharing across the team.	Staff training is a recommended within the proposals

Support expressed for 'removing care labels' to ensure 'everyone under the same umbrella is a great idea; consistency across the service/area and removing barriers to accessing support for people with certain disabilities (mental ill health and older age, physical disabilities).	Moving staff roles from working in specialities to more generic roles was seen as a positive proposal to reduce inequalities and was actively endorsed by attendees.
Transport still an issue	Further efforts to strengthen links with representatives of local transport groups should be explicitly built into localities-based community capacity building work.
Opportunities to share skills and interests e.g. if someone is supported to attend a lunch club; they could be encouraged to set up an activity group based on their interests if they are able and willing to get involved and be a part of the group. i.e. not just attending a group but encouraged to be a part of the group and share their skills.	Local Area Co-ordinators should forge links with Council Community Engagement Officers to co-ordinate and network around local opportunities to develop resources. Applying a strength based approach to enable and empower those with protected characteristics to contribute positively to their community by volunteering and greater opportunity for advocacy.
16+ across the service could result in some individuals falling through the transition gaps in services.	Contingencies are already in place to address any gaps. There are transitions support staff within schools who are now familiar with and use the transition packs developed by the joint learning disability service.
Clear and accessible information resource needed so everyone knows what is available including one single Local Area Coordination Service leaflet explaining how to refer and what to expect.	A Communication Strategy will ensure all stakeholders are aware of the age criteria for accessing the service, with alternative sources of support where age-referral criteria have been changed. This Strategy will include revision of service information to increase knowledge and understanding of what the service offers and how to access it. This will be made available in a range of formats to ensure a more inclusive approach to communication.
Will there be review/feedback for people with lived experience after implementation?	Mental Health Forum to be invited to become a member of the Wellbeing Board which has been established and will evaluate the effectiveness of the revised Local Area Coordination Service.

	There will be clear datasets which capture protected characteristics and reports regularly to the Wellbeing Board to demonstrate effectiveness and areas for development.
	The outcome of the impact assessment and final decisions made will be fed back to people with lived experience as part of the transition plan.

Event 4 - Borders Additional Needs Group (BANG)

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
26 June 2024	Online	One – BANG Chief Executive Officer	Disability – Neurodivergent

Views Expressed	Officer Response
Neurodivergent young people (up to age 25) find it difficult to access activities in their local community so the proposed recommendations would be positive for them. They have voiced a need for specialist resources as a choice.	Borders Additional Needs Group to be invited to become a member of the Wellbeing Board to evaluate the effectiveness of the revised Local Area Coordination Service.
A recent survey about School Hubs and a social prescribing, voiced the views that Neurodivergent young people would like organisers to consider - Quiet spaces - People with knowledge in communication skills for neurodivergent people - Accessible published information - Access to tech games They would like more support in their communities but feel these are not accessible to them.	A revised training programme for Local Area Coordination Service staff will include communication skills for working with Neurodivergent people accessing the service.

The networking role of Local Area Coordinators seen to be key in bringing together people and resources from across services. General support for the proposed recommendations and enthusiasm to work together for the future. There is support for the recommendations and for the Local Area Coordination model and how it could benefit communities.	

Event 5 - Borders Older People's Partnership

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
01/07/24	On-line consultation	2 1 elected member with a portfolio for older people 1 Scottish Borders Service Manager for the Royal Voluntary Service	Older people

Views Expressed	Officer Response
1 person wanted to prioritise improved governance arrangements	Borders Older People's Partnership to be invited to become a member of the Wellbeing Board to evaluate the effectiveness of the revised Local Area Coordination Service.

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Both thought it important to 'take the labels off' in terms of the current distinction between referral categories of Mental Health, Learning Disability, Older People and adults with a Physical Disability.	A shift to generic working would reduce "Labels" although a need to collect data around protected characteristics (and other key indicators) will remain to enable us to monitor any issues or concerns that may arise with regard to specific groups.
Both felt strongly that there was a need for good co-ordination at locality level to meet support and care needs, and good routes in and out of services for when people's needs change (making sure they could access the care they needed when the time came). An important part of this would be having good quality, accessible information on what is available and how to access it.	The need for improved and more accessible information is a feature of a separate but connected piece of work (Review of Commissioned Mental Health Services 2024). This includes actions designed to strengthen the interface between commissioned and statutory services including through improved information along the care pathway in a variety of formats. This work also dovetails with the development of the Wellbeing Workstream, and activities designed to map third sector and statutory services across the Borders. The Local Area Co-ordination Service Manager is a member of the Wellbeing Board, providing an opportunity to influence and inform this important work.
Both support the progression of proposals around stronger governance, removing care categories for referrals, a renewed focus on community capacity building, and collaborative working within localities.	

Event 6 - People with a learning disability

Date 19/07/24	Venue Online	Number of People in attendance by category* 1 Person with a learning disability 1 Support Staff 1 Facilitator (40 individuals with learning disabilities who attend Local Citizen Panels and are used to online meetings were invited)	Protected Characteristics Represented Learning disabilities

Views Expressed	Officer Response
Those in attendance felt that what was being described as a way forward was very good and something that they thought would help people living in the community. Keen that information about the implementation of any agreed changes are shared with people in the learning disability community.	Learning Disability Forum to be invited to become a member of the Wellbeing Board to evaluate the effectiveness of the revised Local Area Coordination Service. It is notoriously difficult to get groups of people with learning disabilities together due to the challenges of transport, support and distances from locations. This is why we chose an online option with individuals experienced in this type of meeting.

Event 7 – Service User Survey

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
15/5/24 to 5/7/24	Online and paper questionnaire.	A questionnaire was sent to those originally included in the first consultation (July-August 2023) as part of the service review, and people who are new to the service since then (A total of 518 individuals). The questionnaire was again distributed to a wide range of stakeholders (136). These contacts were all invited to circulate the questionnaire to their networks and forums to capture the views of a wider audience and good geographical spread. This included people with relevant protected characteristics who may have	This time the survey included a section which asked those completing the survey to identify which protected characteristic they felt applied to them, and if completing on behave of one of the protected characteristics, communities experiencing inequality or lived experience they identified with: Carers; Referrers; Partners; or Community groups with a working connection. The Stakeholder list (provided) included the following representatives: <u>Religious groups:</u> Salvation Army <u>Neurodivergent:</u> Autism Initiatives, Borders Additional Needs Group,

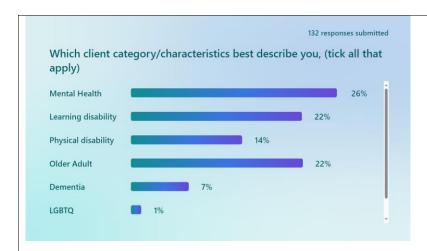| | | chosen not to seek LAC support, and those who may have sought support in the past.

A total of 132 returns were received although it is not possible to determine what percentage this is. | Dementia: Dementia Friendly Tweeddale, Alzheimers Scotland; Royal Volunteer Support Dementia Service, BIAS,
Perinatal mental health services
Learning disabilities: ARC Scotland, Borders Care Voice Learning Disabilities Forum, BIAS, Community Integrated Care (CIC), Cornerstone, Streets Ahead, Richmond Fellowship,
Mental Health: Peer to Peer Mindfulness, Focus Centre, Artbeat, Andy's Man Club, Café Recharge, Outside the Box (befriending), Penumbra, Borders Care Voice Mental Health & Wellbeing Forum, Health in Mind, BIAS,
Older adults: Cyrenians (older people, active lives), British Heart Foundation, Red Cross, Borders Older People's Forum, Age Scotland, BIAS,
Physical disability: Focus Centre; Fit Borders (Denise Carmichael), Live Borders, Ability Borders,
Addictions: 'We Are With You', Borders Addictions Service, BIAS
Carers: Borders Carers Centre
LGBTQ+: Café Polari
Veterans: 1st Light Café
Gender-based violence/trauma: Border Women's Aid; Rape Crisis; Reconnect; Survivors Unite,

Communities: Gender based violence; Pingo Transport, Berwickshire Wheels; Gala Wheels, Teviot Wheels, Berwickshire Housing Association, Trust Housing, Scottish Borders Housing Association, Eildon Housing; Food banks, Food Foundation; education; transitions from young people to adult services (LD); Employment Support Service; Working Together Social Enterprise; Borders |

			College, High Schools, Royal Volunteer Support social centres, Citizens Advice; Men's Sheds. As well as all these organisations and group those with Mental health difficulties, a learning disability, a physical disability or who are older adults who previously received a questionnaire during the review or are new to the service since that questionnaire was collated received a questionnaire relating to the proposed recommendations.

Views Expressed	Officer Response
For summary survey results with tables please see file attached 66% of returns were from people who have previously or currently use the service, the remainder being professionals who refer into the service, people working in other organisations, or people caring for those who use the service. The table below shows a breakdown of care categories respondents identified with:	It is recommended that a detailed Implementation Plan and Inclusive Communications Plan are developed which is led by the Wellbeing Board. A group whose membership included representatives from: • Mental Health & Wellbeing Forum • Learning Disabilities Forum • Ability Borders • Older People's Forum • Representatives from neurodiversity communities

132 responses submitted

Which client category/characteristics best describe you, (tick all that apply)

Category	Percentage
Mental Health	26%
Learning disability	22%
Physical disability	14%
Older Adult	22%
Dementia	7%
LGBTQ	1%

Over 50% of those identified above identified with more than one characteristic, the above identifying the primary characteristic only. This is reflected in the information presented below which may include more than one characteristic in each category.

3% also identify as LGBTQ+.
Of the LGBTQ+ respondents all felt positive about the changes and breaking down barriers. All were supportive of training for the staff team, but sceptical about the potential negative impact of any financial cuts in future.

People with learning disability gave a mixed review to the proposed changes. This was largely due to scepticism about the money required to implement changes being available.

There were 4 respondents who identified with Dementia as their primary category 3 of whom were positive about the proposed changes. The 4th respondent felt there is a need for more social activities in their area.

An Inclusive Communication Strategy will be developed that ensures clear information on the service is made available in a range of formats and disseminated widely, including regular updates on progress and future actions planned.

Ensuring the Wellbeing Board includes representatives from the following will help to ensure appropriate formats and needs are considered:

- Mental Health & Wellbeing Forum
- Learning Disabilities Forum
- Ability Borders
- Older People's Forum
- Dementia working group
- Representatives from neurodiversity communities

An inclusive communication plan will be incorporated in transition arrangements to ensure that all stakeholders are kept informed and can contribute to implementation.

Ongoing review of the service with involvement of people with the relevant protected characteristics, lived experience and those communities who experience inequality is well supported and should be embedded into the Governance arrangements overseeing the revised service.

Arrangements for the regular reporting on key service data regarding, access, activity and outcomes should be agreed and put in place.

Recording of service activity should include data on protected characteristics. This will allow the monitoring, reporting and analysis of activity from an inequalities perspective, and identification of progress (or otherwise) of measures designed to promote equality of access and support provided. It would also provide evidence that the service Wellbeing Board is meeting the needs of the Equality Duty.

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32 older adults completed the questionnaire this included some who also have a physical disability, learning disability or mental health issues including dementia. 25 felt the proposed service would meet their specific needs while 4 felt they would not. Overall positive feedback on the proposals with some comments about gaps in staffing cover.

46 people who identify primarily as having mental health problems completed the survey. Of those, 24 felt the proposals would meet their specific needs. 16 felt they would not, some no longer having needs, or it had not met their needs in the past. There is support for some things (increased training), but some feeling they did not have enough information to make an informed decision about the proposed changes.

6 People with physical disabilities responded, 4 of which felt the proposals would meet their needs while 2 did not. The negative response related to funding cuts and the impact on services.

83% of respondents felt the proposed recommendations would improve the service.

There was considerable support for proposals designed to improve equality of access, strengthen local approaches, and inviting people with the relevant protected characteristics, lived experience and those communities who experience inequality in shaping and building the service on an ongoing basis.

Equality, Human Rights and Fairer Scotland Duty Impact Assessment

Stage 3

Analysis of findings and recommendations

LOCAL AREA COORDINATION REVIEW PROPOSALS

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

The aim of this assessment is to consider the likely impact of proposals for change in the Local Area Co-ordination Service.

The Local Area Co-ordination Service works with adults and families to help them connect with their local communities aiming to reduce loneliness and isolation, increase independence, and improve confidence. It also works with those communities to develop resources that help to prevent, reduce, or manage conditions that impact on health and wellbeing. Collectively, this work also helps to reduce pressure on, and demand for, health and social care services.

The service supports people with a learning disability, people experiencing mental ill-health, older adults, and adults with a physical disability. The service is delivered across the localities, and staff (Local Area Co-ordinators and Community Link Workers) work in care specialities.

The proposals are designed to address areas requiring improvement identified in review of the service over 2023. A review consultation sought the views of all those with connections to the service (including people with lived experience, carers, staff, referrers, and local partners, as well as those who might not access the service for support) to examine how the service is delivered now, what works well, and if/how this might be improved.

The review found that Local Area Coordination was a valued and valuable service offering support to a great many people and meeting an important need in local communities. Most people accessing support felt they had made considerable improvements in their health and wellbeing, and in developing their local connections. Referrers and partners were overwhelmingly supportive of the role Local Area Coordination plays in offering help at an earlier stage in people's journey, or as part of their recovery.

The review also identified several areas for improvement, some of which related to the efficient use of budget and resources, recording and reporting, and oversight. Some of the findings were around inequalities in relation to access to services (age, speciality, locality), the way the service was organised and

delivered (staff roles and staffing levels across localities), and quality and governance (training and support, risk assessment and management, strategic oversight).

The findings of that review were set out alongside proposals for change. These were the subject of a second consultation with stakeholders to seek their views as to whether these proposals would meet their specific needs.

This consultation with stakeholders has provided evidence of broad support for all the above recommendations, with emphasis on certain proposals within specific groups (full details in Stage 2).

Section 1: Equality Act 2010 – Relevant Protected Characteristics as identified in Stage 1 or during Stage 2

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	The eligibility criteria will mirror that of the rest of adult social work to be 16 years of age across all client groups.	Recording of data on service activity will include age groups and care category as a way of identifying any discriminatory practice as a result this proposal. Recording data under these categories will enable future analysis of service uptake and any areas for improvement. Development and distribution of a communication plan which ensure those currently referring into the service are fully aware of the change in eligibility criteria.

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		14 and 15 year olds with a learning disability who require assistance in transition from school will no longer be eligible for Local Area Coordination supports but will be able to receive the same level of service through support staff who already provide this support in schools.	A transition pack has been developed resulting in young people with a Learning Disability, who currently qualify for the service from the age of 14, being supported by School based Learning Support and Guidance Staff. Details of the alternative service being provided for 14 and 15-year-olds with a Learning Disability will be included as part of a communications plan.
		Physically Disabled young people will now be eligible for the service from the age of 16 and will not have to wait until they turn 18 years of age.	Development and distribution of a communication plan which ensure those currently referring into the service are fully aware of the change in eligibility criteria. Recording data under these categories will enable future analysis of service uptake and any areas for improvement.
	Advancing equality of opportunity	Reducing the eligibility age criteria for Physically Disabled people to the age of 16 years will enable the young person to access the service earlier than they would have done. It is anticipated that this will lead to an improve quality of life for the young disabled person.	Development and distribution of a communication plan which ensures those currently referring into the service are fully aware of the change in eligibility criteria. Recording data under these categories will enable future analysis of service uptake and any areas for improvement. An associated staff awareness training programme will be coproduced with young disabled people.

	Fostering good relations by reducing prejudice and promoting understanding	Aligning the different age criterion and promoting awareness of the change in age criteria will deliver equity in access to the Local Area Coordination services.	Recording data under these categories will enable future analysis of service uptake and any areas for improvement.
		In addition, this alignment of age criteria will promote greater collaboration between services specifically funded to represent and refer those with the relevant protected characteristics and the Local Area Coordination Service.	Recording data will capture referral sources to support future reporting, promotion, and analysis of service delivery.
Disability	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Proposals will engender a more inclusive culture around access, communication and service delivery. A staff training programme will be developed with a view to coproducing a format which includes the needs of people with a physical disability, mental health, neurodiversity or learning disability. People with physical disabilities, mental ill health, neurodiversity or learning disability will be able to access information about the service and local community resources. Any barriers are identified at the point of referral which will inform subsequent plans and actions.	Recording of data will capture protected characteristics to inform service development and any training or governance needs. A programme or training will be undertaken with all staff to address identified issues which will be evaluated to assess impact on practice and reported to the Wellbeing Board. An inclusive communication plan will be coproduced in a variety of formats including easy read and other languages as required.

	Advancing equality of opportunity	Moving from a specialist to a more generic approach, and strengthening the training, support, and supervision arrangements, will remove inequalities around access (waiting times), and reduce variation across localities. It is anticipated that this will lead to an improved quality of life and more inclusive experience for all disabled people wishing to access the service.	Development and distribution of a communication plan will ensure those currently referring into the service, partner organisations and those accessing the service are fully aware of the change in service delivery model. Data will record the protected characteristics of people referred, and of service user outcomes, to enable future analysis of service uptake and any areas for improvement.
	Fostering good relations by reducing prejudice and promoting understanding	The Local Area Co-ordination model focuses on good networking at community level, and across services which will have the benefit of strengthening existing relationships and building new networks of support. Building in routine involvement of service users and their carers in reviewing how the service operates will continue to offer opportunities for improvement using a co-production approach.	A strong co-production approach will continue to inform service monitoring and reviews via a newly formed Wellbeing Board which will ensure representation of all relevant categories. Monitoring of the success of this group will be important to assess involvement and how well that works.
Gender	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	While there does not appear to be any direct or indirect discrimination, the absence of any knowledge or understanding of any gender-related perspectives within the service is noted.	Discuss with the Scottish Borders Violence Against Women Partnership, Borders Women's Aid and Scottish Borders Rape Crisis Centre the coproduction of staff guidance.

	Advancing equality of opportunity	None identified at this stage	Ensure Gender is included within the communication plan and distribution of information promoting access to the service
	Fostering good relations by reducing prejudice and promoting understanding	Ensuring there is training relating to gender based issues will help to achieve a positive experience for people using the service.	Collaborate with the Scottish Borders LGBTQ+ Forum in the coproduction of a staff training programme.
Gender Reassignment	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this stage	Consult with the Scottish Borders LGBTQ+ Forum on the coproduction of staff guidance. Inclusion of Gender reassignment within data capture.
	Advancing equality of opportunity	None identified at this stage	See Above
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this stage	See Above
Marriage and Civil Partnership	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this stage	None identified at this stage
	Advancing equality of opportunity	None identified at this stage	None identified at this stage
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this stage	None identified at this stage
Pregnancy and Maternity	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Work with the perinatal mental health services to share information and understanding of available services and what they can offer.	Take up the offer of training from the group of professionals consulted at stage 2. Ensure this protected characteristic is recorded in data capture

	Advancing equality of opportunity	As above	As above
	Fostering good relations by reducing prejudice and promoting understanding	As above	As above
Race	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this time.	Consultation with organisations and representatives of the Scottish Borders diverse communities e.g. MECOPP, Ukrainian Community will inform an inclusive communications plan and materials promoting access to the service.
	Advancing equality of opportunity	None identified at this time	See above
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this stage	See above
Religion & Belief including non-belief	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this stage	Collaborate with members of Interfaith Borders to identify any areas for development around training or information promoting access to the service.
	Advancing equality of opportunity	None identified at this stage	See above
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this stage	See above
Sexual Orientation	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this stage	Consult with the LGBTQ+ community around inclusion of the LGBT Charter for Education, to

			ensure staff are fully informed to challenge incidents of discrimination.
	Advancing equality of opportunity	None identified at this stage	Working in partnership with the LGBTQ+ community to ensure that the service meets needs and is accessible without barriers
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this stage	Include membership of the LGBTQ+ community in the Wellbeing Board.

Section 2: Equality and Human Rights Measurement Framework Human– Reference those identified in Stage 1

Domain	Indicator	Enhancing or Infringing	Impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Education	Higher education and lifelong learning	Enhanced	These proposals have the potential to create greater opportunities for adult learning across the care groups accessing the service.	The use of appropriate tools to measure service user outcomes will identify the areas in which people have been able to progress. This applies to all categories below.
Work	Employment Earnings Occupational segregation Forced Labour and trafficking*	Enhanced	These proposals have the potential to create greater opportunities for paid and unpaid employment across the care groups accessing the service.	See above
Living Standards	Poverty Housing Social Care	Enhanced	The service will focus on helping people to access and engage with other services, and to advocate on their behalf where appropriate. This should	See above

			help them to maximise their income, and to improve their living circumstances.	
Health	Social Care Health outcomes Access to health care Mental health	Enhanced	Early intervention and the use of an assets-based approach will help people to make more informed decisions, and access local resources and services, so that they can improve their health and well-being in a sustainable way.	See above
Justice and Personal Security	Conditions of detention Hate crime, homicides, and sexual/domestic abuse. Criminal civil justice Restorative justice Reintegration, resettlement and rehabilitation*	Enhanced	People accessing the service will be signposted, or helped to access, other appropriate service if these issues arise to promote personal safety and security.	See above
Participation	Political and civic participation and representation Access to services Privacy and surveillance Social and community cohesion* Family Life*	Enhanced	Early intervention and the use of an assets-based approach will help people to make more informed decisions, and access local resources and services. The capacity-building function also fosters local networks to help people build more sustainable frameworks in making local connections that meet their needs.	See above

Section 3: Fairer Scotland Duty

Identify changes to the strategic programme/proposal/decision to be made to reduce negative impacts on equality of outcome and or improving health inequalities.	A key proposal is to refocus the service on the original early intervention model. This will create more opportunities to empower and enable people experiencing health inequalities to improve their health and wellbeing, and to play more active roles in their communities. Clarifying the roles and remit of staff, and strengthening their training, support, and supervision, will enable them to implement the model more effectively, and help those accessing the service to meet their needs. More effective and reliable data gathering will enable the service to accurately monitor, review and report on the work they are doing, socio-economic factors, and what difference the service has made to those accessing help. Staffing and resources will be allocated to address needs and demand (informed by current referral rates by speciality and locality), factoring in rurality. This will build in flexibility across localities to meet the needs of individuals as far as possible. Each locality will have some variation in culture and resources at community level. These proposals will support greater consistency across localities, but the individual support offered, and community capacity-building model, will ensure a flexible and responsive service is provided that responds to diverse needs of those accessing support.
Identify the opportunities the strategic programme/proposal/decision provides to reduce or further reduce inequalities of outcome and or improving health inequalities.	All the proposed recommendations are designed to improve timely and accessible support across the Borders for people who may experience health inequalities, and who wish to have greater connectedness to their local communities.

Section 4: Are there any negative impacts with no identified mitigating actions? If yes, please detail these below:

No

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Section 5: Equality, Human Rights & Fairer Scotland Duty Impact Assessment Recommendations

What recommendations were identified during the impact assessment process:

Recommendation	Recommendation owned by:	Date recommendation will be implemented by	Review Date
Access criteria – It is recommended that more inclusive access to the service is implemented. This will include all levels of need set out within the Councils eligibility criteria and Low and Moderate needs for the service. The criteria will be applied equally and consistently to all service user groups in scope. There are currently inequalities in the application of age. It is recommended the access age is set at 16 years for all clients to the service	Simon Burt, General Manager Mental Health and Learning Disability	Subject to Integration Joint Board agreement	To be confirmed
The review found that the current model of staff working in specialities encouraged silo working, longer waiting list for some client groups, and an inconsistency and inequality in service delivery. It is recommended that staff are allocated to localities based on population size and need and for	Simon Burt, General Manager Mental Health and Learning Disability	Subject to Integration Joint Board agreement	To be confirmed

staff to work generically across service user groups.			
Some staff are not equipped to work with some care categories as a result of working in speciality roles. Staff must be equipped to work with a range of needs and feel confident in their ability to recognise when specialist supports are required. It is recommended that a training programme for staff will support the transition from the current to the new model of service. This will enable staff to meet the needs of those who are working with the service regardless of care category. This may involve using external training providers where necessary.	Simon Burt, General Manager Mental Health and Learning Disability	Subject to Integration Joint Board agreement	To be confirmed
It is recommended that a Wellbeing Board is established with representation from those with lived experience and other groups representing protected characteristics. This will ensure the inclusion of all relevant groups are able to monitor, review and shape service delivery.	Simon Burt, General Manager Mental Health and Learning Disability	Subject to Integration Joint Board agreement	To be confirmed

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A transitions and inclusive communications plan will be coproduced to ensure a timely and coordinated process of transformation that is clearly communicated to all stakeholders.	Simon Burt, General Manager Mental Health and Learning Disability	Subject to Integration Joint Board agreement	To be confirmed

Section 6: Monitoring Impact – Internal Verification of Outcomes

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

When the Wellbeing Board is further developed the requirement to review and report against the above recommendations will be embedded into the Terms of Reference.

The data sets that are developed will enable analysis of referrals, service uptake and personal outcomes by protected characteristics, lived experience and communities experiencing inequality. This will identify areas of best practice and areas for improvement which will influence and inform future wellbeing initiatives.

Section 7: 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?

No

Section 8: Communication Plan (SSPSED)

Please provide a summary of the communication plan which details how the information about this policy/service will be communicated 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.

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Offering information in a variety of accessible formats which will be made available in a paper and electronic medium and disseminated widely

Signed Off By:

Name Joint Executive Team

Date