	Full Business Case	Project Stage **Define**

Project Name	Locality First Contact Mental Health and Wellbeing project	**Date**	07/09/2020
Project Reference No.		**Governance Programme Board(s)/ IJB**	Action 15; TCSDPB; EPB; IJB
Project Manager/ Author	Caroline Anderson / Chris Smilie / Susie Downie	**Date of Programme Boards/ IJB**	

Contents

1. Summary of Project

An aim of the Scottish Government Mental Health Strategy 2017-2027 is to ensure access to treatment is joined up and accessible and builds on the principle of "ask once, get help fast". **Action 15** aspires to increase access to dedicated mental health professionals in all A&E departments, GP practices, custody suites, and to our prisons by increasing the workforce to provide dedicated mental health support.

In the Community many people with poor Mental Health & Wellbeing will experience multiple contributing factors to do with alcohol, drugs, deprivation, domestic abuse, family issues, suicide prevention etc. Many of these factors won't require clinical treatment, and the aim of this project is to ensure there is an alternative to the existing pathways for those individuals who are experiencing need around their mental health and wellbeing which may include aspects of distress. Local data indicates that there are significant numbers of people that do not require clinical or statutory services but do require support and signposting to assist them to manage their situation.

The purpose of this project is to recruit Mental Wellbeing Practitioners and paid peer support who will provide a **"Direct Access First point of contact for Mental Health Services based within deprived areas of Aberdeen City available 7 days per week with some additional out of hours support to Police Custody & A&E"** The service will operate on the principle of easy access and will focus on listening, immediate support and signposting.

The project will aim to reduce the number of people approaching General Practice, as a first point of contact for low level mental health issues and will also provide an alternative to the existing specialist pathway for those individuals who are experiencing mental health distress and who come to the attention of Police Scotland and the custody suite at Kittybrewster or who present at the A&E Department at Aberdeen Royal Infirmary (ARI).

There are clearly overlaps between poor mental health, substance use, deprivation and other socio-economic factors. On this basis we would seek to ensure there are clear links with alcohol and drug service developments that seek to integrate services for people experiencing a range of health & wellbeing issues.

The service will offer direct access to practitioners, who will work alongside paid peer support workers & volunteers who will have lived experience of mental health issues. The service will be delivered face to face or through digital platforms to ensure services are provided closer to people's homes.

As the landscape of attendances and footfall in current services have changed and with the national re-design of urgent care being implemented from the 1st November, consideration has to be made for linkages to the NHS Grampian local flow navigation centre. This project will work in collaboration to consider a model that seeks to adapt and flex to current gaps in this new landscape.

Feedback received as part of the community engagement and consultation process for the Aberdeen City Community Mental Health Delivery Plan 2021-2023 highlighted a need to offer localised support to assist people to access and navigate the range of services that are available across the City. The consultation also highlighted the desire for community based non-medical support and early intervention, a focus on self - management, and support from people with "lived experience" of mental health issues.

Approaches to self-empowerment and community engagement models are highly supported by the Scottish GP Committee of the BMA Scotland.

This service will provide a direct access community based team, based on a model of mental health practitioner, paid peer support and volunteers with lived experience working together to help to signpost, de-escalate, provide empathetic responses, provide some simple intervention work to enhance provision within deprived areas and risk assess to identify different options and resources available within the Community as well as supporting self-management options. This differs from the traditional approach of initial contact with Psychiatrists and GPs providing low level mental health assessment and treatment. This team would create strong links to services and support networks within the local community. Primarily based within deprived areas and linked to the new Community based structures currently being developed by the Partnership to provide wrap around services, this development would have close links to GPs, the custody suite, A&E and existing services to enhance current pathways for earlier intervention. This would support the Scottish Government aim of "Ask once, get help fast"

Tests of change are an evidence-based approach to service improvement, and we believe it is important to ensure that a methodologically sound process of review underpins this project as its developed. By undertaking this change it is anticipated that it will;

- improve outcomes (de-medicalised / supported self-management where suitable)
- support a reduction in GP workload / pressures
- Improve effectiveness and appropriateness of GP interventions
- support preventative /early intervention principles within Community Mental Health approaches
- Support existing developments of a hub model of service provision on a locality level providing wrap around services focussing on areas of deprivation.
- Support Police and A&E with avoidable interventions.
- Ensure direct access support for mental wellbeing 7 days per week

The project will run for an initial 23 month period, and will test a solution to fill an identified gap within the current pathways by commissioning a community based mental wellbeing team;

- To be the first point of contact for community based mental health 7 days per week with some additional support out of hours.
- To help people navigate the services in their communities
- To build on the knowledge, skills and capacity within public and third sector organisations

- To develop localised peer support with people who have lived experience.
- To alter expectations of solutions (including a greater focus on self-empowerment) and optimise the understanding and place of medical interventions where appropriate.

The team will work across each locality and will primarily use a telephone triage and signposting approach and will have the option to develop additional digital methods of engagement such as face time, WhatsApp, attend anywhere etc. As lockdown eases we will explore other ways of engaging with people i.e. face to face within community settings and police custody. The project will base themselves within community hubs to maximise engagement with the target group and ensure wider access to services available within the community.

Risk & Governance
The Commissioned Service will manage risk and governance arrangements in hours 7 days per week (0800 – 1800).

For out of hours work, the team will utilise a validated Mental Health Triage Scale to determine risk factors and will have access to existing first response services and associated medical pathways as and when required.

Although the team will not provide a clinical service, there will be times when they will need to seek specialist advice in order to ensure oversight of risk and the escalation of any concerns. The Kildrummy Hub (Unscheduled Care Team) at Royal Cornhill Hospital (RCH), the Custody Suite Health Care Team and the Gmed service will be available to provide decision support out of hours to ensure the team is not working in isolation and that they are supported to ensure that individuals who contact the service are not exposed to risk of harm.

Joint Training and Shared Learning & Development
A cross sector multi-agency approach to training and sharing of learning will be adopted to reinforce an integrated workforce and therefore ensuring a cohesive response to those presenting in distress.

We will continue to adapt, flex and develop the service as pathways change and opportunities through service design and commissioning arise.

2. Business Need

The project aims to provide a pathway into services for individuals and support to fill an identified gap within the current pathways by employing a community based mental wellbeing team;

- To be the first point of contact for community based mental health 7 days per week with some additional out of hours support.
- To reduce delays in accessing appropriated tiered support for Mental Health & Wellbeing.
- To help people navigate the services in their communities
- To build on the knowledge, skills and capacity within public and third sector organisations
- To develop localised peer support with people who have lived experience to enable people.
- To shift the balance of care away from the historic models by providing a 7 day non medicalised service with additional "out of hours" response for those in distress.
- To provide a compassionate response to de-escalate where possible to ensure appropriate signposting to services for those in distress.

This service has been developed considering current services and looking at where reported gaps and opportunities are. A locality model is being proposed with a focus on areas of deprivation where there are increased and challenging demands. This service looks to respond and support anyone in need of support with their mental health and wellbeing but to triage and utilise existing services where appropriate. It will be a key part of this role to understand and make relationships with those across the system.

This service will complement the existing pathway and provision being delivered successfully in localities by the Primary Care Link Practitioners, Distress Brief Interventions (DBI) Service via Penumbra and Primary Care Psychological Therapists. Whilst these are all very beneficial services, they require an initial GP consultation and then onward referral. This, inadvertently, risks putting greater strain on a high cost and over-stretched aspect of our service in order to reach the supports whose remit include reducing strain on General Practice.

Where there are opportunities to link to other service developments such as drugs and alcohol, we will seek to provide seamless service provision.

This model will be available within areas of deprivation where we know there are disproportionately high mental health prevalence with additional challenges borne by complexity of negative socio-economic factors. As well as high prevalence this results in significantly poorer outcomes both in Mental Health and co-morbid Physical Health (which is adversely impacted by both deprivation and poor mental health. It aims to free up General Practitioners who are frequently the first point of contact for the majority of people who experience mental health concerns (across a range of spectrums including alcohol/substance misuse). The demand within deprivation areas is considerable, and currently falls entirely to GPs to manage. Along with co-morbidity and complexity of Frail Elderly, unscheduled mental health presentations place the greatest demand on GPs and within this the models are often not the best immediate sources of support. Timescale pressures of 10-15 minutes often fail patients and risk over medicalised models, including avoidable prescribing which can potentially cause more longer term harm.

This model supports our population to enter Mental Health services at a lower tiered level than currently, with appropriate escalation as required – **right person, right place, right time**. This service will be linked to the new Community based structures currently being development by the Partnership to support the provision of wrap around services for Aberdeen City residents.

Expressed Need

Colleagues have recently consulted on ACHSCP Promoting Good Mental Health Delivery Plan which allowed professionals, community members and people with lived experience to comment on the development of the plan. Needs identified in the feedback include;

- People would like to be able to navigate to the right services but are unaware of community provision. Community access to mental health support is limited.
- Unscheduled Mental Health presentations place one of the greatest demand on GPs and the Police. There is a need to engage with the vulnerable in our communities who do not attend the GP or engage with public services.
- Time-scale pressures of 10-15 minutes for GP's often fail patients and risk over-medicalised models, including avoidable prescribing and potentially more longer term harm.
- Additional services introduced such as the Aberdeen Links Service, Distress Brief Intervention are not accessible as a GP has to make the referral on behalf of the individual.

Legislative

Mental Health Strategy – The Scottish Government Mental Health Strategy has committed to increase MH workers by 800 roles in key settings in order to increase access to appropriate mental health support as early as possible. This project is aiming to improve access and increase workers within the community setting as this has been identified as a gap.

Mental Health – A Transition and Recovery Plan for Scotland – This test of change will also build upon the many positive changes that have happened during the Covid-19 lockdown, including innovative digital solutions, and different ways of delivering services. As part of the Scottish Governments "Mental Health – A Transition and Recovery Plan for Scotland", their key Commitments are:

- Promoting and supporting the conditions for good mental health and welling at population level.
- Providing accessible signposting to help, advice and support
- Providing a rapid and easily accessible response to those in distress.

The plan also highlights the following areas which this test of change would support:

- We will enhance the range of effectiveness of social supports that benefit mental health. We will make these accessible and responsive to all population groups, including those in our most disadvantaged communities.
- We will equip individual, families and communities to support their own, and each other's mental wellbeing.
- We will use learning and a co-production approach to test and refine future options with partners and people with lived experience of mental health challenges.
- We will work with stakeholder bodies to support the development of peer support approached to maintaining good mental health.

This test of change would support these commitments as we move through the phases of recovery from Covid-19 as well as support the Action 15 and Primary Care Improvement Plan aims and objectives.

Local data:

Link Worker Service

The underpinning goal of the Link Working Programme is to assist general practice teams (and the wider health and social care system) to develop new capacities to become more effective in enabling patient self-management and supporting people to live more interconnected lives, which support their general wellbeing and sense of belonging. The Aberdeen Links Service have seen 3158 referrals since September 2018 with 46% of referrals (n.1445) have Mental Health as one of the referrals reasons.

The Primary Care Link Practitioner service provides support for individuals to identify the issues impacting on their wellbeing and connecting to the assets in their communities. The service is still within the first two years of delivery and has already had to introduce waiting lists in a small number of practices. The 6 month evaluation highlighted the potential to have a specialist Link Practitioner which given the high occurrence of Mental Health in referral reasons would support this. Access to this service is by way of a GP Referral.

Distress Brief Intervention (DBI) – Penumbra

A Distress Brief Intervention is a time limited support specifically designed for people experiencing distress. This two-tier approach will provide a compassionate and supportive intervention to those aged 18 and over who do not require emergency service response.

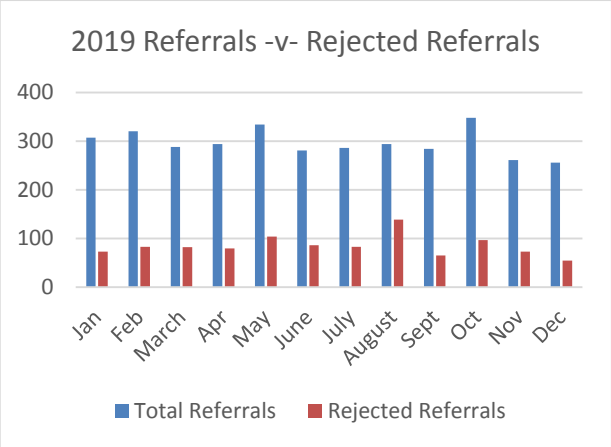
The Aberdeen DBI programme aims to provide a more collaborative, co-ordinated and cooperative framework within which to respond to distress, across frontline services and support providers in the city. The service operates 7 days a week and is a demand-led and flexible service.

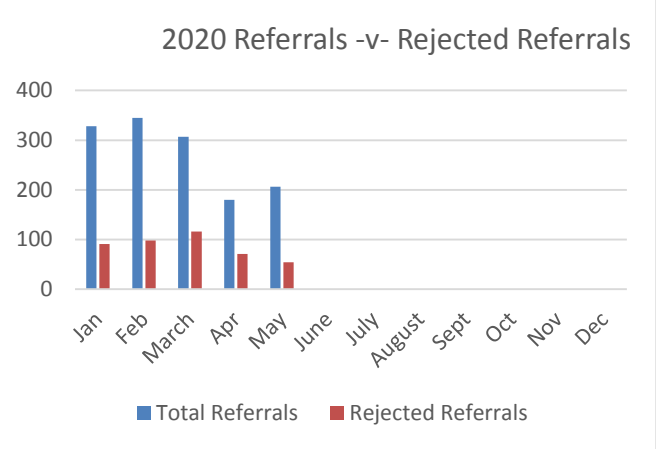
Aberdeen DBI Programme

- Level 1: Provided by frontline Aberdeen DBI Partners. The intervention provides a compassionate response to distress, signposting and the offer of a referral to DBI Level 2.
- Level 2: Responding within 24 hours, Penumbra provide a 14 day supportive intervention focusing on self-management of distress, community based problem solving, developing distress management tools and signposting to community assets and relevant agencies.

From October 2017 to the end of July 2020 the DBI have received and supported 1720 people.

Community Mental Health team:





In **2019** from a total of 3553 referrals received, 1020 were rejected by the service. In **2020** to date a total of 1366 referrals received to May 2020 with 430 rejected by the service. Over 60 % of referrals rejected are due to not meeting the referral criteria for Specialist Mental Health Service and with communication sent back to referrers providing signposting to alternative services in Aberdeen City.

The project supports the aims of prevention and early intervention and will help to shift the balance of care away from the historic models which form the back bone of current mental health provision within Aberdeen City.

The development of a de-medicalised model will require a philosophical shift in thinking, not only from current service providers and partners, but also for individuals with lived experience. This project would have the role of facilitating change both with professionals and within the community.

By developing this “Direct Access First Point of Contact” option into our Primary and Community care networks (including GPs. Link Practitioners and potential blending in other areas such as peer support options), we can genuinely be looking towards more radical

solutions that are needed to bring improvements to Mental health Services and outcomes in deprived areas (where demand is 3 times greater and outcomes traditionally poor). The hope of this Direct Access First Point of Contact would become culturally both accepted and normalised as a front door to Mental Health Support instead of, but complimented by, GP Services.

Emergency Department
The experience of people who attend A&E is often one of waiting longer than the four-hour target for assessment, and in an environment which is not conducive to enhancing their emotional wellbeing. A four week snapshot of attendances at A&E for patients who presented with "mental health/self harm crisis" revealed approximately 360 hours of patient contact with an average length of stay of 3 hours. Police were present with patients for approximately 15% of the time. Of the patients who attended, 62% did not require a medical intervention and 28% did not require psychiatric review. The data shows that 66% of attendances occurred between the hours of 1700 – 0900 and that 25% of all contact with A&E occurred during the weekend. Anecdotal information indicates that patients who are discharged from the department are medically fit for discharge but feeling from staff is that a compassionate response to people in distress would be humane, reduce attendance at the department and associated specialist time and reduce the likelihood of repeat visits.
.
Police Scotland & Custody
In 2017 publication "Justice in Scotland: Vision and Priorities' noted that 39% of those detained in police custody have a mental health disorder. Justice agencies are commonly dealing with situations where the main issues are around mental health and distress where no offence or only a minor offence has been committed. A study of concern calls to Division A between April and November 2018 showed that there were 1410 mental health related calls, of which 86% were closed off by police as "concern for person" Concern calls peaked around 1900 hours and then continued at a relatively constant level until midnight. These peak hours correlate to the peak times for detention under the Mental Health Act (Section 297) Place of safety were 56% occurred after 21 hours

The key differences between this model and the and other existing services:

- **Direct Access** – No requirement for people to see their GP in the first instance, reducing barriers and instant access to support "Ask Once – Get help Fast" – unlike other services where a referral is required.
- **Community Based** – unlike other services which are city centre based this model would be an integrated hub model working closely with the community in more peripheral sites providing services closer to people's homes.
- **Focus on Areas of Deprivation** – this model looks to provide additional supports to areas of deprivation within Aberdeen (e.g. Torry, Tillydrone etc)
- **7 Day Service** – This service will be provided over 7 days with additional out of hours support to Police custody and A&E
- **Integrated Working to provide wrap around seamless service –** linkages with Drug and Alcohol Service developments, other commissioned services and new Community based structures currently being development by the Partnership to support the provision of wrap around services for Aberdeen City residents.

3. Objectives
• To support the Primary Care Improvement Plan (PCIP) which focusses on releasing capacity for general practitioners as well as promoting Action 15 objectives to divert services away from Primary Care, A&E and Police Custody.
• To improve individual outcomes by early intervention, prevention and admission avoidance at times of distress to de-escalate and support individuals at times of need
• To improve individual mental health and wellbeing through timely access to appropriate services by offering community access and support options.
• To engage people with lived experience in the development and delivering of the service and community initiatives.
• To enhance current pathways and service provision within targeted communities.
• To mitigate risk for low/moderate level distress which will de-medicalise pathways for unscheduled attendances at GP practices and avoidable police & A&E interventions.
• To reduce rejected referrals / reducing number of contacts for the individual by supporting individuals to access services appropriate to their needs.
• To contribute to the national commitment to increase the number of mental health workers in Scotland by 800 over the next five years.
• Contribute to the delivery of Community Mental Health and Wellbeing Delivery Plan.
• To undertake an evaluation that could asses and monitor the impact of the team.

4. Options Appraisal

4.1 Option 1 – Do Nothing / Do Minimum	
Description	**Status Quo**
Expected Costs	There is no financial impact of this option, however, by not delivering anything there will be negative impact on current services and individuals will not get the most appropriate support in a timely manner.
Risks Specific to this Option	Unmet individuals' needs resulting in distress Individuals who have unmet needs may present to services with more complex needs if not initially addressed within community setting. Risks are managed under current arrangements.
Advantages & Disadvantages	**Advantages** • No funding is required. • No change is required and no impact to services or staff. **Disadvantages** • Not optimising prevention and early intervention opportunities to support individuals in distress and to a positive outcome • GP's continue to be the referral route into services which adds to GP workload. • Inappropriate use of current capacity and resources. • No improvement in outcomes for individuals of Aberdeen.
Other Points	None

4.2 Option 2 – Small Scale test to single practice area or geographic area	
Description	This option involves employing a Mental Health Practitioner and Peer support worker who would work in one specific area within the city.
Expected Costs	Anticipated costs per Year based on 0.5fte Mental Health Practitioner and 0.5fte Peer Support worker for one locality (based on area of deprivation) **£59,565 per year (2% increase per year)**
Risks Specific to this Option	There is a risk that we may not be able to recruit a provider to participate and would be unable to demonstrate impact of the programme.
Advantages & Disadvantages	**Advantages:** Limited Costs Small scale test requires less resource and support; Opportunity to test the design of systems to manage two way communication/feedback between local agencies/third sector and primary care; **Disadvantages** There is already evidence available about the impact of link workers and peer support. It is suggested that such a small scale test would not create the significant transformational shift that is desired;
Other Points	None

4.3 Option 3: To test provision of Community based Mental Health and Wellbeing Service.	
Description	This option would see a Mental Health Practitioner and 2 x Peer Support workers being employed to support the test of change within a locality.
Expected Costs	Anticipated costs Per Year based on 1fte x Mental health practitioner and 2fte x Peer Support Workers for one Locality (based on area of deprivation) **£120,303 per year. (2% Increase per year)**
Risks Specific to this Option	Recruitment challenges.
Advantages & Disadvantages	**Advantages** • Supports testing of a completely new person-centred way of working within the community • Opportunity to provide a community-based response to low level mental health distress • Additional resource to build capacity within communities setting. • Reduces stigma attached to traditional statutory services • Supports strategic aims • Supports the continued shift to a more person-centred culture • Flexibility as able to recommission as required • Improved staff and citizen experiences **Disadvantages** • Requires funding to support

4.4 Option 4: To implement full roll out of Community based Mental Health and Wellbeing service	
Description	This option involves Option 4.3 replicated in all 3 localities
Expected Costs	Anticipated costs per Year based on 1.0fte Mental health practitioner and 2.0fte Peer Support Workers per locality (3) focussing on areas of deprivation) **£360,910 per year (2% Inflation per year) – See full costing breakdown below.**
Risks Specific to this Option	Risk that there may model may not work and require .
Advantages & Disadvantages	**Advantages** • Supports testing of a completely new person-centred way of working within the community • Opportunity to provide better a community-based response to low level mental health distress • Additional resource to build capacity within communities setting. • Reduces stigma attached to traditional statutory services • Supports strategic aims • Supports the continued shift to a more person-centred culture • May realise staff capacity • Improved staff and citizen experiences **Disadvantages** • Requires funding to support
Other Points	Any other relevant information.

4.5 Scoring of Options Against Objectives

Objectives	Options Scoring Against Objectives							
	1	2	3	4	5	6	7	8
1. To improve individual outcomes by early intervention, prevention and admission avoidance at times of distress to de-escalate and support individuals at times of need	0	1	2	2				
2. To improve individual mental health and wellbeing through timely access to appropriate services by offering community access and support options.	0	1	2	2				
3. To engage people with lived experience in the development and delivering of the service and community initiatives.	0	1	2	2				
4. To enhance current pathways and service provision within targeted communities.	0	1	2	2				
5. To mitigate risk for low/moderate level distress which will de-medicalise pathways for unscheduled attendances at GP practices	0	1	2	2				

6. To reduce rejected referrals / reducing number of contacts for the individual by supporting individuals to access services appropriate to their needs.	0	1	2	2				
7. To contribute to the national commitment to increase the number of mental health workers in Scotland by 800 over the next five years.	0	1	2	3				
8. Contribute to the delivery of Community Mental Health and Wellbeing Delivery Plan.	0	1	2	2				
9. To undertake an evaluation that could asses and monitor the impact of the team.	0	1	2	2				
Total								
Ranking	4	3	2	1				

Scoring
Fully Delivers = 3; Mostly Delivers = 2; Delivers to a Limited Extent = 1; Does not Deliver = 0; Will have a negative impact on objective = -1

4.6 Recommendation

Option 4: Provision of Community based Mental Health and Wellbeing service in each Locality based in Community Hubs within areas of deprivation.

- The proposed model would deliver on the following: the local recruitment of a mental health Practitioner and two Peer support workers who will work within each locality.
  - To be the first point of contact for community based mental health
  - To help people navigate the services in their communities
  - To build on the knowledge, skills and capacity within public and third sector organisations
  - To develop localised peer support with people who have lived experience to enable people.
  - To develop close links with Drugs & Alcohol Services, other commissioned services and new community hubs being developed by the Partnership to ensure a wraparound service for Aberdeen City residents.
- The preferred model for delivering the project is a Commissioned Service; directed by the multidisciplinary steering group.
- To support a whole systems approach and deliver on the Mental Health Action Plan

5. Scope

This team would be skilled with knowledge of local services and activities to allow signposting as well as a level of low to mid distress support (e.g. distress interventions, personal resilience, and coaching skills) Peer support with lived experience will support practitioners. Importantly the service would provide linkages within other services and community activities and provide support where there is a current gap in services and join up silo-working.

This project will link to:

- GP Practices
- Community Mental Health teams /Unscheduled Care / Kildrummy Hub
- Link Practitioners
- Psychological Therapists
- Third Sector providers such as Penumbra (DBI Service)
- Police Scotland & Custody Suite
- A&E

5.1 Out of Scope
This aims to focus on mental wellbeing distress support and signposting and does not affect statutory services as this role would refer, signpost or escalate as appropriate.

6. Benefits

6.1 Citizen Benefits

Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Timely & direct access to services	Access	TBC	On initial assessment	Improved quality of access		Baseline @ 6 &12 months
Improved wellbeing	Resilience	Outcome Questionnaire	On initial assessment	Improved citizen resilience		Baseline @ 6 &12 months
Improved quality of life	Quality of life	Outcome Questionnaire	On initial assessment	Improved quality of life		Baseline @ 6 &12 months

6.2 Staff Benefits

Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Less pressure on GP time	GP consultation type	Vision/Emis	Current	Reduced MH consults	At 12 mths	Annually
Less pressure Police & A&E time	Police & A&E Interventions at times of distress	Police	Current	Reduced Police Interventions	At 12 months	Annually

6.3 Resources Benefits (financial) – indicate whether these benefits are cashable or non-cashable							
Benefit	**Measures**	**Source**	**Capital or Revenue?**	**Baseline (£'000)**	**Saving (£'000)**	**Expected Date**	**Measure Frequency**

7. Costs					
7.1 Project Revenue Expenditure & Income					
(£)	**Year 1**	**Year 2**	**Year 3**	**Year 4**	
Staffing Resources					
3 x Band 4 & 6 x Band 3 @ top point	294,676	300,569	306,581	312,712	
Uplift for Unsociable hours (Thurs – Sun 1800 – 0200) equating to time and half estimate)	20,000	20,731	21,146	21,569	
Supplies & Service	4,500	4,500	4,500	4,500	
Travel Subsistence	2,400	2,400	2,400	2,400	
Training Costs	3,600	3,600	3,600	3,600	

Initial Start-up Costs (Laptop etc)	9,000	0	0	0	
Management Costs (8%)	28,058	28,012	28,5532	29,104	
Revenue Receipts and Grants	0	0	0		
Total	**360,910**	**360,288**	**367,228**	**374,307**	

8. Procurement Approach
A procurement approach would be required following the Procurement and Financial Regulations of our partner organisations. The invitation to tender will be posted on the Public Contracts Scotland site and ongoing support will be provided by the procurement team.

9. State Aid Implications
There are no state aid implications.

10. Equalities Impact Assessment
An equalities impact assessment and health impact assessment has been undertaken for the Mental Health Delivery plan. This project introduces a new mental health wellbeing team as a new way of working that will have its impacts robustly evaluated during the test period from a citizen, staff and systems perspective. This service is expected to have a neutral to positive on equalities as it is preventative in nature and open to all citizens.

11. Key Risks	
Description	**Mitigation**
Lack of capacity in third sector to respond to local need	The role will look to work with community partners to build capacity and community responses.
Lack of joint up working and commitment from all services to support the model and 'buy-in' to the new service	Joint training and development opportunities with peers. Communication and engagement strategy will be in place to mitigate this.

12. Time

12.1 Time Constraints & Aspirations
After IJB approval procurement process would take around 3 months to complete. After this the project would run for 2 years. It would be agreed that service testing and

development should run through the course of the project to ensure outcomes are best met.

12.2 Key Milestones	
Description	**Target Date**
Programme Board / IJB approval	April-July 2020
IJB Approval	August 2020
Procurement	September 2020 – November 2020
Implementation	December 2020
Evaluation	Ongoing

13. Governance	
This project sits within the Programme Management Structure of the Aberdeen City Health and Social Care Partnership and will be a key deliverable of Action 15 Scottish Government Mental Health strategy. A project team is set up and monitoring will be set up on a quarterly basis.	
Role	**Name**
Project Sponsor	Kevin Dawson, Lead for MH, SMS & LD
Project Manager	Susie Downie, Transformation Programme Manager
Lead	Caroline Anderson, Asst Service Manager
Project Team	Caroline Anderson, Louise Officer, John Donaghey, Susie Downie, Dr Alasdair Jamieson,

14. Resources			
Task	**Responsible Service/Team**	**Start Date**	**End Date**
Legal Advice - Contract (ACC)	TBC	September 2020	Ongoing
Third sector interface		May 2019	Ongoing
Data Sharing/ Information Governance Advice	TBC	July 2019	Ongoing

ICT	TBC	July 2019	Ongoing

15. Environmental Management

The project should have a neutral impact on the environment as the team will be locally based.

16. Stakeholders

A stakeholder matrix has been developed. A communications strategy will be developed by the project team, considering appropriate ways to ensure communication throughout the duration of the project.

17. Assumptions

Plans and financial projections for this project will be developed on the assumption that it will be successful in delivering its anticipated benefits and that capacity within the third sector is available.

18. Dependencies

This project is part of a wider transformational programme across Aberdeen City intended to radically change the system of health and social care. Whilst this project will have great value on its own, when it is taken together with the other elements of implementing the integration strategies and plans it will provide essential and fundamental support for service change across the city.

Whilst this project is dependent upon the partner organisations successfully dealing with the challenges in a positive and proactive way, it is also a significantly contributing action that is part of the overall approach to dealing with these issues through:

- Promoting people's shared responsibility for prevention, anticipation and self-management
- Improved integration across the ACHSCP and other public and third sector bodies
- Recognition, promotion and development of mental health wellbeing team
- Engagement and buy in from frontline and community based services

19. Constraints
Constraints are being defined and managed as the project progresses.

20. ICT Hardware, Software or Network infrastructure		
Description of change to Hardware, Software or Network Infrastructure	**EA Approval Required?**	**Date Approval Received**
Mobile device and ICT equipment to be provided by the third Sector provider for the team.	No	

21. Support Services Consulted				
Service	**Name**	**Sections Checked / Contributed**	**Their Comments**	**Date**
Finance	Gillian Parkin	All	Finance section	05/09/2020
Research & Evaluation	Chris Smilie	All	Ongoing amendments to full document as part of project team.	Ongoing.
Mental Health Services – ACHSCP (Health & Social Care)	Caroline Anderson Kevin Dawson Louise Officer John Donaghey	All	Ongoing amendments to full document as part of project team.	Ongoing.
General Practice	Dr Alasdair Jamieson	All	Ongoing amendments to full document as part of project team.	Ongoing.
Police	Ian McKinnon	Background / Options	Linkages to urgent care review / OOHs and weekend access.	07/09/2020
A&E	Valerie Fox	Background / Options	Linkages to urgent care review / OOHs and weekend access.	07/09/2020

22. Document Revision History			
Version	**Reason**	**By**	**Date**
1.0	Initial draft for sub group development	Project Team	
1.2	Initial draft for Action 15 Steering Group	Project Team	
1.3	Initial draft for Executive Programme Board	Project Team	
1.4	Revised Draft for sub Group revision	Project Team	