



## Areas for Consideration of Impact

### Protected Characteristics

<b>Age:</b> older people; middle years; early years; children and young people.
<b>Disability:</b> physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.
<b>Gender Reassignment:</b> people undergoing gender reassignment
<b>Marriage &amp; Civil Partnership:</b> people who are married, unmarried or in a civil partnership.
<b>Pregnancy and Maternity:</b> women before and after childbirth; breastfeeding.
<b>Race and ethnicity:</b> minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.
<b>Religion and belief:</b> people with different religions or beliefs, or none.
<b>Sex:</b> men; women; experience of gender-based violence.
<b>Sexual orientation:</b> lesbian; gay; bisexual; heterosexual.

### Fairer Scotland Duty

<b>Low income</b> – those who cannot afford regular bills, food, clothing payments
<b>Low Wealth</b> – those who can meet basic living costs but have no savings for unexpected spend or provision for the future.
<b>Material Deprivation</b> – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies
<b>Area of Deprivation/Communities of Place</b> - consider where people live and where they work (accessibility and cost of transport)
<b>Socio-Economic Background</b> - social class, parents' education, employment, income.

### Health Inequality (those not already covered in the Fairer Scotland Duty)

<b>Low literacy / Health Literacy</b> includes poor understanding of health and health services (health literacy) as well as poor written language skills.
<b>Discrimination/stigma</b> – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation.
<b>Health and Social Care Service Provision</b> - availability, and quality/affordability and the ability to navigate accessing these.
<b>Physical environment and local opportunities</b> - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants, safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use.

<p><b>Education and learning</b> - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.</p>
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**Other**

<b>Looked after (incl. accommodated) children and young people</b>
<b>Carers:</b> paid/unpaid, family members.
<b>Homelessness:</b> people on the street; staying temporarily with friends/family; in hostels, B&Bs.
<b>Involvement in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.
<b>Addictions and substance misuse</b>
<b>Refugees and asylum seekers</b>
<b>Staff: full/part time; voluntary; delivering/accessing services.</b>

**Human Rights (note only the relevant ones are included below)**

<p><b>Article 2 – The right to no discrimination</b> – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person’s different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.</p>
<p><b>Article 3 - The right to life</b> (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.</p>
<p><b>Article 5 - The right not to be tortured or treated in an inhuman or degrading way</b> (absolute right) which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.</p>
<p><b>Article 9 - The right to liberty</b> (limited right) – and not to be deprived of that liberty in an arbitrary fashion.</p>
<p><b>Article 10 - The right to a fair trial</b> (limited right) – including the right to be heard and offered effective participation in any proceedings.</p>
<p><b>Article 12 - The right to respect for private and family life, home and correspondence</b> (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).</p>
<p><b>Article 18 - The right to freedom of thought, belief and religion</b> (qualified right) including conduct central to beliefs (such as worship, appropriate diet, dress etc.)</p>
<p><b>Article 19 - The right to freedom of expression</b> (qualified right) – to hold and express opinions, received/impart information and ideas without interference</p>

## UNCRC

<b>Article 2</b> non-discrimination	<b>Article 15</b> freedom of association	<b>Article 30</b> children from minority or indigenous groups
<b>Article 3</b> best interests of the child	<b>Article 16</b> right to privacy	<b>Article 31</b> leisure, play and culture
<b>Article 4</b> implementation of the convention	<b>Article 17</b> access to information from the media	<b>Article 32</b> child labour
<b>Article 5</b> parental guidance and a child's evolving capacities	<b>Article 18</b> parental responsibilities and state assistance	<b>Article 33</b> drug abuse
<b>Article 6</b> life, survival and development	<b>Article 19</b> protection from violence, abuse and neglect	<b>Article 34</b> sexual exploitation
<b>Article 7</b> Birth, registration, name, nationality, care	<b>Article 20</b> children unable to live with their family	<b>Article 35</b> abduction, sale and trafficking
<b>Article 8</b> protection and preservation of identity	<b>Article 22</b> refugee children	<b>Article 36</b> other forms of exploitation
<b>Article 9</b> separation from parents	<b>Article 23</b> children with a disability	<b>Article 37</b> inhumane treatment and detention
<b>Article 10</b> family reunification	<b>Article 24</b> health and health services	<b>Article 38</b> war and armed conflicts
<b>Article 11</b> abduction and non-return of children	<b>Article 25</b> review of treatment in care	<b>Article 39</b> recovery from trauma and reintegration
<b>Article 12</b> respect for the views of the child	<b>Article 26</b> Benefit from social security	<b>Article 40</b> juvenile justice
<b>Article 13</b> freedom of expression	<b>Article 27</b> adequate standard of living	<b>Article 42</b> knowledge of rights
<b>Article 14</b> freedom of thought, belief and religion	<b>Article 28</b> right to education	

## ACHSCP Impact Assessment – Proportionality and Relevance

<b>Name of Policy or Practice being developed</b>	Community Mental Health Commissioning
<b>Name of Officer completing Proportionality and Relevance Questionnaire</b>	Alistair Palin, Snr Project Manger, ACHSCP Jenny Rae Programme Manager, ACHSCP Steven Stark, Service Manager, ACHSCP Kate Morton, Consultant Clinical Psychologist, NHSG Catherine King, Commissioning - Commercial and Procurement Services, ACC
<b>Date of Completion</b>	26/02/2024
<b>What is the aim to be achieved by the policy or practice and is it legitimate?</b>	<p><b>Quality of Life</b> - The approach to mental health provision, the range of care that is available and the quality of care that is delivered has a direct impact on the quality of life that the residents of Aberdeen city will experience.</p> <p><b>Quality of care</b> – The service specification will aim to clearly set out the non – negotiable elements of which quality of care is one of them. This element is at the heart of service provision.</p> <p><b>Ability to make and maintain community connections</b> – In line with the Scottish national approach to mental health strategy a community based approach to mental health is proposed to best meet the challenges experienced within Aberdeen city.</p> <p><b>Support with life skills</b> - Planning and management of resident’s life skills such as financial planning empowers residents to take responsibility of their lives in manageable steps.</p>
<b>What are the means to be used to achieve the aim and are they appropriate and necessary?</b>	<p>The strategic approach to decision making is fully considered under the fairer Scotland duty. The strategic approach directly links into the wider national strategy on mental health as well as having full alignment with other strategic plans, including: Local Housing Strategy, LOIP, the Aberdeen City Health and Social Care Partnership Strategic Plan, Strategic Commissioning Strategy.</p> <p>The evidence detailed in the Impact Assessment below demonstrates the high need for effective mental health service provision as well as the variable nature of the care provision required. One of the key ways in which Community Mental Health Interventions will be delivered is through good quality, person-centred partnership working across key stakeholders.</p>

<p><b>If the policy or practice has a neutral or positive impact please describe it here.</b></p>	<p>Enhanced quality of life and care resulting in improved outcomes for residents of Aberdeen city. Improved sense of wellbeing and support resulting in improved mental health. Transition towards self-empowerment and confidence in life to make positive decisions. Provision of suitable support from care and family and friend networks is maintained.</p>
<p><b>Is an Integrated Impact Assessment required for this policy or decision (Yes/No)</b></p>	<p>Yes.</p>
<p><b>Rationale for Decision</b>  <b>NB: consider: -</b></p> <ul style="list-style-type: none"> <li>• <b>How many people is the proposal likely to affect?</b></li> <li>• <b>Have any obvious negative impacts been identified?</b></li> <li>• <b>How significant are these impacts?</b></li> <li>• <b>Do they relate to an area where there are known inequalities?</b></li> <li>• <b>Why are a person's rights being restricted?</b></li> <li>• <b>What is the problem being addressed and will the restriction lead to a reduction in the problem?</b></li> <li>• <b>Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently?</b></li> <li>• <b>Are there existing safeguards that mitigate the restriction?</b></li> </ul>	<p>The key negative impacts identified are:</p> <p>If quality of care is of a lesser standard there is the potential for negative impacts, social isolation, physical and emotional harm resulting in negative quality of life impacts. Potential for social isolation and poor mental health as a result. Social and economic challenges as a result of poor mental health and impacts on community and family networks. Therefore, a full IIA is required.</p> <p>The cessation of a national pilot without further local consideration would lead to negative impacts, it is proposed to include the key principles and action of this work into the local planning for a revised service provision.</p>
<p><b>Decision of Reviewer</b></p>	<p>Approved</p>
<p><b>Name of Reviewer</b></p>	<p>Jenny Rae</p>
<p><b>Date</b></p>	<p>26 February 2024</p>

### **Scottish Specific Public Sector Duties (SSPSED)**

#### Procured, Tendered or Commissioned Services

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?

Yes, as standard, within the procurement activity these duties will be contained within the evaluation process and assessed, so that the successful provider may address these duties.

## ACHSCP Impact Assessment – The Integrated Impact Assessment

<p><b>Description of Policy or Practice being developed including intended aim.</b></p>	<p><b>Quality of Life</b> - The approach to mental health provision, the range of care that is available and the quality of care that is delivered has a direct impact on the quality of life that the residents of Aberdeen city will experience.</p> <p><b>Quality of care</b> – The service specification will aim to clearly set out the non – negotiable elements of which quality of care is one of them. This element is at the heart of service provision.</p> <p><b>Ability to make and maintain community connections</b> – In line with the Scottish national approach to mental health strategy a community based approach to mental health is proposed to best meet the challenges experienced within Aberdeen city.</p> <p><b>Support with life skills</b> - Planning and management of resident’s life skills such as financial planning empowers residents to take responsibility of their lives in manageable steps.</p>
<p><b>Is this a new or existing policy or practice?</b></p>	<p>It is the development of existing practice and policy via a review and subsequent reprovision.</p>
<p><b>Name of Officer Completing Impact Assessment</b></p>	<p>Alistair Palin, Senior Project Manger, ACHSCP          Jenny Rae, Programme Manager, ACHSCP          Steven Stark, Service Manager, ACHSCP          Kate Morton, Consultant Clinical Psychologist, NHSG          Catherine King, Commissioning - Commercial and Procurement Services, ACC</p>
<p><b>Date Impact Assessment Started</b></p>	<p>3 January 2024</p>
<p><b>Name of Lead Officer</b></p>	<p>Jenny Rae</p>
<p><b>Date Impact Assessment approved</b></p>	<p>26 February 2024</p>

### Summary of Key Information

<p><b>Groups or rights impacted.</b></p>	<p>All protected characteristics are potentially impacted by Community Mental Health Interventions.</p>
<p><b>Feedback from consultation and engagement and how this informed development of the policy or practice</b></p>	<p>3 engagement sessions between November 2023 and February 2024. The engagement sessions were advertised on citizen space and new dates set to allow people to make plans to attend Promotion at the Aberdeen Wellbeing Festival in January to a wider audience for community in engage in the review.</p> <p><b>Findings from the engagement are to be used in the development of service specification.</b></p>

	<p>The overarching themes were:</p> <p>The workshop discusses how community mental health and defined as a continuum that fluctuates over time, and how it differs from mental illness or ill health.</p> <p>The review mentions some of the challenges and gaps in the current provision of community mental health services, such as centralisation, phone-based engagement, complex navigation, low awareness, fragmentation, and limited referral opportunities.</p> <p>The DBI service was one that has been referred as needing changes because of the number of people being supported and GP's that are trained in this format of DBI. Other providers had options on how this could look like. A suggestion was to have specification suggest what offer service providers could come up with.</p> <p>3 other services should be considered by splitting 2 services per provider depending on how the spec is written for DBI.</p> <p>explored the current understanding and perception of community mental health among the participants, as well as their expectations and aspirations for the future vision of community mental health services.</p> <p>It also mentions some of the challenges and gaps in the current provision of community mental health services, such as centralisation, phone-based engagement, complex navigation, low awareness, fragmentation, and limited referral opportunities.</p> <p>The workshop outlines some of the key principles and aims that should guide the future vision of community mental health services in Aberdeen, such as accessibility, trauma-informed approaches, person-centred and outcome-focused care, early intervention, prevention, peer support, partnership working, and clear signposting.</p> <p>The workshop suggests some of the recommendations and next steps that should be taken to improve the community mental health services, such as increasing the range of supports, clearing the bottleneck from clinical services, enhancing the provision of distress brief</p>
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interventions, providing a single point of access, and ensuring visibility of services.

The workshop addressed three main questions: what are the elements of good practice that need to be kept or adopted, what are the elements of current practice that require improvement or development, and what are the key outcomes for individuals that should be delivered.

The workshop summarizes the views and experiences of the workshop participants, who represent various mental health services and organisations in the community. The document highlights the importance of inclusivity, hybrid engagement options, non-clinical environments, peer support models, clear purpose and accessibility, single point of entry, and communication and partnership in delivering effective mental health services in the community.

The workshop also identifies the gaps or challenges in increasing community knowledge of available services, reducing waiting times, supporting people with different levels of distress and crisis, assessing and triaging people to the right route, dealing with recurring or carousel clients, and addressing the underlying causes of mental health issues.

The workshop lists some of the desired outcomes for people who access mental health services, such as crisis reduction, resilience building, quality of life, self-management, empowerment, understanding, and social inclusion.

The new service would aim to integrate aspects of the four existing services: 1st Response, NOVA, WELL, and DBI, which provide different levels and modes of support for people with mental health issues in the community.

The workshop 3 participants, who were mostly service providers and staff, discussed various questions and themes related to the new service, such as the number, location, infrastructure, staffing, promotion, access, measurement, and pathways of the service.

The workshop also gave various suggestions and feedback on how to improve the new service, such as having a consistent and flexible team, a single point of contact and a clear pathway for referrals, a regular process of review and outcome



	<p>measurement, a DBI type intervention as a foundation, a physical space for compassionate conversations, an evening/weekend provision, and a collaboration with all mental health organisations in Aberdeen.</p> <p>The workshop also identified some challenges and limitations of the current and new service, such as the overlap and duplication between the existing services, the recruitment and retention issues, the dependency on support, the lack of awareness and referral pathways among professionals and community groups, the data protection and information sharing barriers, and the gap in provision for young people under 16.</p> <p>The workshop concludes with the next steps for the commissioning of the new service, which include writing up the service specification, putting out the tender, awarding the tender, and giving time for the new service to embed.</p>
<p><b>Performance Measures identified, where these will be reported and how impact will be monitored.</b></p>	<p>This will be identified and progressed as the review moves forward and through the commissioning and tendering process for delivery by the successful provider.</p>

**Review**

<p><b>Date the Impact will be reviewed</b></p>	<p>26 February 2024</p>
<p><b>Rationale for Date</b></p>	<p>A year will allow practice to be sufficiently developed so that impacts on protected groups can be monitored.</p>

Having considered all of the groups, duties, and rights in the guidance on Impact Assessment could this policy or practice have a negative impact on any of the following. Please answer Yes or No. If you answer Yes, please specify precisely which particular group, duty or right will be impacted and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics	Yes	<p>All protected characteristics could potentially be impacted on by this work.</p> <p>The sources for evidence are:</p> <ol style="list-style-type: none"> <li>1. Aberdeen Local Outcome Improvement Plan</li> <li>2. ACHSCP Strategic Plan 2022-2025</li> <li>3. National Mental Health Strategy – Scottish Government</li> </ol>	<p><b>WELL Aberdeen</b></p> <ul style="list-style-type: none"> <li>• Direct access to support for those in distress • Immediate support • Signposting to other services • Open evenings and weekends • Offers direct line for Police Scotland • Supported offered in Police custody at the weekend</li> </ul> <p><b>Nova</b></p> <ul style="list-style-type: none"> <li>• 1:1 support to people referred to the service • Face to face or online support • Open-ended access to support • Supported connections and signposting • 7 days per week</li> </ul> <p><b>First Response</b></p> <ul style="list-style-type: none"> <li>• Direct access to compassionate support • Immediate support • Short term support • Signposting to other services • Flexible opening hours</li> </ul> <p><b>Distress Brief Interventions (DBI)</b></p> <ul style="list-style-type: none"> <li>• Compassionate response to distress within 24 hours of referral • Safety planning &amp; safeguarding • Distress management planning •</li> </ul>

			<p>Supported connections and signposting • 365 days a year.</p> <p>Due to the nature of mental health and its service provision, each of the above services all share commonality around the sensitive nature of the relationships between service users and the service provider. As such each of the 9 protected characteristics is in some way relevant to each of the above services. The historic evidence from each of the services listed above clearly demonstrate this fact, where mental health issues can often directly relate to a protected characteristic. All service users have the right to have their characteristics protected and this is a pivotal mainstay within each of the services listed above.</p> <p>· Aberdeen city has a finite resource available with a continuous demand on mental health services. · Aberdeen city has a diverse population of residents that require specific mental health and or learning disability supported services. · Aberdeen city has a variable community element relevant to specific geographies within the city that are impactful on service users. · Service user needs are highly variable and specific to the individual, requiring varying levels of care and staff with the right skill set.</p> <p><b>LOIP</b></p>
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			<p>· 11.0 – Healthy life expectancy is 5 years longer by 2026. · 11.1 – Supporting vulnerable and disadvantaged people, families and groups. · 11.2 – Provide individuals and communities with the resources needed to reduce feelings of loneliness and social isolation. · 12.3 – Enhance early intervention and preventable treatment for those at greatest risk of harm from drugs and alcohol.</p> <p><b>ACHSCP Strategic Plan</b></p> <p>CARING TOGETHER · Undertake whole pathway reviews ensuring services are more accessible and coordinated. · Empower our communities to be involved in planning and leading services locally.</p> <p>PREVENTING ILL HEALTH · Enable people to look after their own health in a way which is manageable for them.</p> <p>ACHIEVE FULFILLING, HEALTHY LIVES · Help people access support to overcome the impact of the wider determinants of health. · Ensure services do not stigmatise people. · Improve public mental health and wellbeing.</p> <p>RELATIONSHIPS · Transform our commissioning approach focusing on social care market stability. · Design, deliver and improve services with people around their</p>
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			<p>needs. · Develop proactive communications to keep communities informed.</p> <p><b>National Mental Health Strategy – Scottish Government</b></p> <ol style="list-style-type: none"> <li>1. Improved overall mental wellbeing and reduced inequalities.</li> <li>2. Improved quality of life for people with mental health conditions, free from stigma and discrimination.</li> <li>3. Improved knowledge and understanding of mental health and wellbeing and how to access appropriate support.</li> <li>4. Better equipped communities to support people’s mental health and wellbeing and provide opportunities to connect with others.</li> <li>5. Increased availability of timely, effective support, care and treatment that promote and support people’s mental health and wellbeing, meeting individual needs.</li> <li>6. Better informed policy, support, care and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.</li> </ol>
Fairer Scotland Duty			
Health Inequality			

Other Groups			
Human Rights			
UNCRC	Yes	Young people.	<p><b>LOIP</b></p> <p>DBI Aberdeen are part of a project team within the subsection of that is stretch outcome 5 which is that 90% of young people will report they feel listened to at all times by 2026. - Reduce demand on Tier 3 services by 5% by 2026 and reduce waiting times for interventions starting by each tier 2/3 service by 5% by 2026. The project team are working together to identify access to support across the city and how we can ensure these are working effectively for young people.</p>

<b>Will there be any cumulative impacts between this policy or decision and others</b>	<b>Yes</b>		<b>No</b>	
<b>Describe what this cumulative impact will be and include evidence mitigations in the sections below</b>	If any are identified these will be progressed as the review moves forward			

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place.

<b>Stakeholder Groups</b>	<b>Feedback Received</b>	<b>Influence on Policy or Practice/Mitigating Actions</b>
Please see details of learning from engagement in 'Summary of Key Information' above.		

## **Scottish Specific Public Sector Duties (SSPSED)**

### Procured, Tendered or Commissioned Services

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