

Equality & Poverty Impact Assessment 00715 (Version 1)

SECTION ONE: ESSENTIAL INFORMATION

Service & Division:	Social Work Adult Services	Lead Officer Name:	Lesley MacArthur
	None	Team:	Policy, Planning & Communications
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Proposal:	<p>1.1 This EPIA relates to the proposed implementation of a Forth Valley Distress Brief Intervention Service.</p> <p>1.2 The First Minister announced on 14 April 2020, the expansion and development of the DBI programme into a nationwide response for people presenting in distress during the COVID19 pandemic period. The target outlined at this time was for DBI to be available in all HSCP areas by March 2024. As of November 2023, DBI is live in 24 HSCPs with a further 6 committed to going live.</p> <p>1.3 A short life working group has been established to take forward the delivery of DBI across Forth Valley and is co-chaired by the Service Manager for Substance Use Services and Service Development and the Service Manager for Community Mental Health Services (Falkirk HSCP). This group is currently meeting regularly and is working closely with the national DBI support resource.</p>	Reference No:	

What is the Proposal?	Budget & Other Financial Decision	Policy (New or Change)	HR Policy & Practice	Change to Service Delivery / Service Design
		Yes	No	No
Who does the Proposal affect?	Service Users	Members of the Public	Employees	Job Applicants

	Yes	Yes	Yes	Yes
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Other, please specify:

Identify the main aims and projected outcome of this proposal (please add date of each update):

01/05/2024	Establish a Distress Brief Intervention Service across Forth Valley
01/05/2024	Work with local providers and partners to ensure that the service is designed to align with local needs and demand

SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:			Benchmark, e.g. Scottish Average
Current spend on this service (£'0000s)	Total:	£100,000	Not available
Reduction to this service budget (£'0000s)	Per Annum:	N/A	
Increase to this service budget (£'000s)	Per Annum:	N/A	
If this is a change to a charge or concession please complete.	Current Annual Income Total:		
	Expected Annual Income Total:		
If this is a budget decision, when will the saving be achieved?	Start Date:		
	End Date (if any):		

SECTION THREE: EVIDENCE

Please include any evidence or relevant information that has influenced the decisions contained in this EPIA. (This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups.)

A - Quantitative Evidence

This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.

The service is new to Forth Valley. We anticipate that in year 1 around 800 people will be able to access the service.

Until now, the service has been provided on a national basis and is not open to referrals apart from through NHS 24. Between Oct 22-Sept 23 there were 217 referrals to the national service from Falkirk and 176 from Stirling & Clackmannanshire.

National, there have been over 56,000 referrals to DBI since inception, routine data shows high rates of engagement, and positive outcomes and experiences. 69% of referrals were from the five most deprived deciles (for all referrals from October 2022 to September 2023), showing DBI's positive impact on socio-economic inequalities.

B - Qualitative Evidence

This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.

Social - case studies; personal / group feedback / other

Since inception, the DBI programme has built a vision of *connected compassionate support*, through a large and far reaching national and regional distress collaboration between NHS24, health and social care, emergency services, and the third sector, providing early intervention, and improving outcomes and experience for people experiencing distress and those providing support.

The approach has two levels. Level 1 is provided by trained front line staff and involves a compassionate response, easing the person's distress and offering of a referral with confidence, clarity and guarantee of support within 24 hrs.

Level 2 is provided by trained staff who contact the person within 24 hours of referral and provide compassionate, problem solving support, wellness and distress management planning, supported connections and signposting for a period of around 14 days - reducing both immediate distress and empowering ability to manage future distress.

Currently, people from Clackmannanshire and Stirling can only access DBI through the NHS 24 hub and Scottish Ambulance Service and Police Scotland national contact points. From October 2022 - September 2023, there were 176 referrals to DBI from Clackmannanshire and Stirling and a further 217 from the Falkirk HSCP area. It is important to note that, the vast majority of people access DBI through local pathways, when they are in place.

Evaluation, outcomes and experience has been the focus from the outset of the national DBI programme, supported through an evaluability assessment (1). Routine performance and outcome data is being captured by Public Health Scotland as standard around every referral. In addition, two independent evaluations have been undertaken (2), with a conclusion that DBI should be rolled across Scotland.

With over 56,000 referrals to DBI since inception, routine data shows high rates of engagement, and positive outcomes and experiences. 69% of referrals were from the five most deprived deciles (for all referrals from October 2022 to September 2023), showing DBI's positive impact on socio-economic inequalities. In addition, 11% of individuals referred self-reported being under the influence of alcohol/substances at point of referral (lower for primary care referrals and higher for ED, Police and SAS referrals).

Each person has on average two presenting problems and two contributing factors when referred to DBI, which represents the fact that there are often a range interrelated immediate factors increasing a person's stress and distress. However, the independent evaluation highlighted that, *"A key strength of DBI is its flexibility to be tailored to the individual, thus meeting the needs of a wide range of people in distress who present to frontline services and who have an array of different characteristics, life circumstances and problems."*

In addition, analysis of DBI data linked to unscheduled care data, by Public Health Scotland, shows that people present less to unscheduled care following receiving DBI than they did prior to receiving DBI, thus showing benefits to the wider system

[1] <https://www.dbi.scot/general/evaluability-assessment-of-the-distress-brief-intervention-programme-in-scotland/>

[2] <https://www.dbi.scot/news/independent-evaluation-recommends-further-roll-out-of-dbi-across-scotland/>

Best Judgement:	
Has best judgement been used in place of data/research/evidence?	Yes
Who provided the best judgement and what was this based on?	Scottish Government DBI Team leads and intelligence drawn from local multi-agency DBI working group
What gaps in data / information were identified?	Local data is currently only available for nation service, therefore year 1 is intended as a pilot to gather further information and evidence.
Is further research necessary?	Yes
If NO, please state why.	

SECTION FOUR: ENGAGEMENT

Engagement with individuals or organisations affected by the policy or proposal must take place

Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?	Yes	
If YES, please state who was engagement with.	National DBI Team	
If NO engagement has been conducted, please state why.		
How was the engagement carried out?	What were the results from the engagement? Please list...	
Focus Group	No	
Survey	No	
Display / Exhibitions	No	
User Panels	No	
Public Event	No	
Other: please specify	At a local level, consultation has focused on local partners and providers and drawn from data and evaluation outputs from the national DBI service. Local consultation has included MHAATs, Emergency Services (Police and SAS), Third sector, HSCP reps and Senior Leadership Teams from both Partnership areas.	
Has the proposal / policy/ project been reviewed / changed as a result of the engagement?	Yes	
Have the results of the engagement been fed back to the consultees?	Yes	
Is further engagement recommended?	Yes	

SECTION FIVE: ASSESSING THE IMPACT

Equality Protected Characteristics: What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposal / policy / project? This section allows you to consider other impacts, e.g. poverty, health inequalities, community justice, carers etc.

Protected Characteristic	Neutral Impact	Positive Impact	Negative Impact	Please provide evidence of the impact on this protected characteristic.
Age		✓		DBI is open to all people who experience mental health crisis regardless of cause to people aged 16 years and over presenting in distress. 68% of DBI referrals (January 2019 - April 2020) were from individuals aged between 16 and 44. Research presented in the Scottish Government Mental Health Equality Evidence Report (2023) suggests people aged between 16 and 24 are particularly vulnerable to mental health concerns, with 75% of mental health conditions being established by the age of 25. Working aged adults are most at risk of dying by probable suicide in Scotland, with the median age of death being 44 for men and 45 for women. SHeS analysis showed that those aged 75+ reported having poorer mental wellbeing than those aged 65-69. DBI being open to all people over the age of 16 and providing a compassionate service with an offer of a seamless referral it is anticipated that DBI will have a positive impact across all age brackets over 16.
Disability		✓		Research collated by Scottish Government shows that Disabled adults are more likely to report mental ill health: 30% of those with a long-term condition reported a possible psychiatric condition, compared to 11% of those with a non-limiting condition and 9% with no condition. Many disabled people have multiple physical and mental health conditions, adding to the complexity of understanding their needs. Survey data suggest that those with physical health problems, long-term conditions or disabilities are two times more likely to report severe loneliness than the general population. Disabled people may face barriers in accessing services particularly in rural areas and through digital exclusion. DBI is delivered mostly by phone and online. One to one provision is also available in some circumstances. Delivering services via telephone will mitigate digital exclusion and any physical barriers that disabled people may experience accessing services. It is anticipated that DBI will have a positive impact on disability.

Public Sector Equality Duty: Scottish Public Authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance quality of opportunity and foster good relations. Scottish specific duties include:

				gender roles and expectations which may have an impact on how mental health is experienced and reported by men and women. Women are thought to be more comfortable talking about their mental health than men and have stronger social networks, which can help to protect their mental health. Men are at greater risk of social isolation than women. It is anticipated that DBI will have a positive impact on sex, however, given that there is evidence that men are less likely to refer themselves for support, further evaluation is required to assess whether DBI impacts on men seeking support.
Ethnicity	✓			Understanding current existing mental health inequalities and disparities relating to race is complex, with varying findings from different sources. These do not provide a clear picture of the mental health inequalities experienced by people from different minority ethnic groups. Small sample sizes from minority ethnic groups within population surveys in Scotland often act as a barrier to understanding mental health and wellbeing amongst minority ethnic communities. There is insufficient evidence to assess the impact, therefore the impact is assessed as neutral.
Religion / Belief / non-Belief	✓			There is insufficient evidence to assess the impact, therefore the impact is assessed as neutral.
Sexual Orientation		✓		Meta-analysis of UK population health surveys shows that lesbian, gay and bi populations are around twice as likely to report symptoms of poor mental health (including anxiety and depression) than heterosexual adults. The 2017 SSCQ found that lesbian, gay and bi people have significantly lower mental wellbeing compared to groups with other protected characteristics, with only those with a long term limiting health condition having lower mental wellbeing scores. Research into young LGBTI+ people's lives in Scotland found that 96% of trans young people felt that they had experienced a mental health concern or associated behaviours, with high rates of anxiety (84%), stress (72%) and depression (74%). It is anticipated that the implementation of a Forth Valley DBI service will have a positive impact on sexual orientation.

Transgender		✓		Trans people face a higher burden of mental health conditions compared to cisgender people. Self-harm and suicidal ideation are seen to be high amongst trans people, with research from Stonewall Scotland showing that 7% of trans people aged 18-24 attempted to take their own life in the previous year (compared to 2% of non-trans lesbian, gay or bisexual people) and 52% having thought about taking their own life in the previous year. It is anticipated that the implementation of a Forth Valley DBI service will have a positive impact on trans people.
Pregnancy / Maternity	✓			There is insufficient evidence to assess the impact, therefore the impact is assessed as neutral.
Marriage / Civil Partnership		✓		National data states that 40% DBI clients cite relationship as a presenting issue. Therefore it is anticipated that DBI will have a positive impact on this characteristic.
Poverty		✓		According to national data, 69% DBI clients live in 5 most deprived deciles. 21% present with employment issues, 20% money issues, 11% housing worries. Compared to adults living in the least deprived quintile, adults living in the most deprived quintiles are more likely to report two or more symptoms of depression (21% compared to 8%) and have higher rates of self-reported self-harm (13% compared to 5-7%). Social determinants which make people living in poverty more vulnerable to having mental health needs are: stress associated with living on low income and with debt, insecure and low quality employment, increased likelihood of having experienced psychological trauma and adverse childhood experiences (ACEs), discrimination and stigma attached to being in poverty, and low quality physical environments. People in receipt of housing benefits have been shown to be twice as likely to have a common mental health condition as those not in receipt. Given that evidence shows that people living in poverty are more likely to experience mental health issues, and that national data shows the vast majority of DBI clients being from the 5 most deprived deciles, it is anticipated that the implementation of DBI in Forth Valley will be positive for those who experience poverty.
Care Experienced		✓		National data shows that 10% clients have experienced past adverse/traumatic life experience including being care experienced.
Other, health, community justice, carers etc.		✓		13% clients have underlying mental health issues, 12% experience chronic pain, 16% have substance issues.

Risk (Identify other risks associated with this change)	
	Evidence of Due Regard
Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):	The ethos and nature of the service is fast response and enabling being to become empowered within their own situation by fulfilling their own personal outcomes. This will have a positive effect in the development of inclusive communities and reduced discrimination.
Advance Equality of Opportunity:	The delivery of the DBI service will be via a local provider. One of the key reasons for this is to enhance employment opportunities within the local area. As the service operates on a 24/7 basis, a wide range of opportunities will be available for flexible working patterns to suit individual circumstance.
Foster Good Relations (promoting understanding and reducing prejudice):	Empowering people within their own situation builds trust and inclusive support which can form the basis of better relations between services and people.

SECTION SIX: PARTNERS / OTHER STAKEHOLDERS

Which sectors are likely to have an interest in or be affected by the proposal / policy / project?		Describe the interest / affect.
Business	Yes	DBI is likely to be of interest as a means of highlighting and providing options for employee wellbeing.
Councils	Yes	DBI promotes improved mental health and wellbeing, which is of benefit to local communities in terms of their potential ability to contribute and participate to local democracy. There will also be a benefit to Council as a employer re employee health and wellbeing.
Education Sector	Yes	As above
Fire	Yes	Fire service will be able to make direct referrals to the DBI service, which is likely to have a positive impact on the time commitment currently required to support people who are vulnerable/at risk.
NHS	Yes	DBI is likely to have a positive impact on A&E in terms of diverting or stopping people from having to access the emergency department. MHAATS will be the initial implementation point for DBI.
Integration Joint Board	Yes	DBI prevents, reduces or delays people's need to access formal health and social care and therefore offers efficiencies for HSCPs.
Police	Yes	Police will be able to refer directly to the DBI service, which will reduce the amount of time they require to spend with people when accompanying to A&E as only option for support and more generally will have a positive impact on the time commitment currently required to support people who are vulnerable/at risk.
Third Sector	Yes	Third sector providers will be commissioned to provide the service, thus promoting sustainability and helping maintain a strong third sector presence.
Other(s): please list and describe the nature of the relationship / impact.		

SECTION SEVEN: ACTION PLANNING

Mitigating Actions: If you have identified impacts on protected characteristic groups in Section 5 please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. If you are not taking any action to support or mitigate the impact you should complete the No Mitigating Actions section below instead.

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes

No Mitigating Actions

Please explain why you do not need to take any action to mitigate or support the impact of your proposals.

There are no mitigating actions as the service will not have a negative impact on any equality group.

Are actions being reported to Members?

No

If yes when and how ?

SECTION EIGHT: ASSESSMENT OUTCOME

Only one of following statements best matches your assessment of this proposal / policy / project. Please select one and provide your reasons.

No major change required	Yes	The DBI service has no negative impact on any equality group.
The proposal has to be adjusted to reduce impact on protected characteristic groups	No	
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups	No	
Stop the proposal as it is potentially in breach of equality legislation	No	

SECTION NINE: LEAD OFFICER SIGN OFF

Lead Officer:

Signature:	<i>Lesley MacArthur</i>	Date:	10/04/2024
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SECTION TEN: EPIA TASK GROUP ONLY

OVERALL ASSESSMENT OF EPIA:	Has the EPIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties?	Yes
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ASSESSMENT FINDINGS If YES, use this box to highlight evidence in support of the assessment of the EPIA If NO, use this box to highlight actions needed to improve the EPIA	This initiative has been rolled out nationally and there is national data available to establish benchmark. There has been consultation with partners and providers.	
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Where adverse impact on diverse communities has been identified and it is intended to continue with the proposal / policy / project, has justification for continuing <u>without making changes been made</u>?	Yes	If YES, please describe: Positive impacts on age, disability and sex.
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LEVEL OF IMPACT: The EPIA Task Group has agreed the following level of impact on the protected characteristic groups highlighted within the EPIA

LEVEL		COMMENTS
HIGH	Yes / No	
MEDIUM	Yes	This is an appropriate impact rating based on number of service users/people who will access DBIs.
LOW	Yes / No	

SECTION ELEVEN: CHIEF OFFICER SIGN OFF

Director / Head of Service:		
Signature:	<i>Martin David Thom</i>	Date: 30/05/2024