v1.2F

Summary Report Template

Each of the numbered sections below must be completed

Interim report		Final report	X

(Tick as appropriate)

1. Title of proposal: Commissioning of independent advocacy services

2. What will change as a result of this proposal? New independent advocacy services will be commissioned that meet the statutory duty of the Edinburgh Health and Social Care Partnership to provide independent advocacy services. The services will be flexible and accessible for a wide range of people who require to use them.

3. Briefly describe public involvement in this proposal to date and planned: A formal public consultation exercise was undertaken from 5 January to 15 March 2021 using the Council's consultation hub. People who use advocacy services also provided responses using a consultation questionnaire coordinated through advocacy organisations. Staff from both Edinburgh Health and Social Care Partnership and advocacy organisations also provided feedback.

4. Is the proposal considered strategic under the Fairer Scotland Duty? Yes

5. Date of IIA: 20 April 2021

6. Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)

Name	Job Title	Date of IIA training
Sarah Bryson (Facilitator)	Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership	
Gordon Dodds (Lead Officer, Report writer)	Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership	7 November 2019
Rebecca Barr	CEO, AdvoCard	

Ruth Rooney	Manager, Edinburgh Carers Council	
Audrey Graham	Mental Health Officer Service Manager, Edinburgh Health and Social Care Partnership	
Iain Templeton	Manager, Partners in Advocacy	

7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
Data on populations in need	1. Thrive Edinburgh (2019)- Mental Health Strategy https://www.edinburghthrive.com/ 2. Scottish Public Health Observatory https://www.scotpho.org.uk/health-wellbeing-and-disease/mental-health/key-points/ 3. Mental Health Strategy [2017-2027] https://www.gov.scot/publications/mental-health-strategy-2017-2027/ 4. Joint Strategic Needs Assessment – Health Needs of Minority Ethnic Communities (2018) 5. The Scottish Health and Ethnicity Linkage Study3 (SHELS) - https://www.ed.ac.uk/usher/scottish-health-ethnicity-linkage	1. Rates of physical ill health among those with long-term mental health problems are much higher than the general population. Life expectancy for men with a diagnosis of schizophrenia is 20 years less than the general population and for women is 15 years less. Approximately one-fifth of premature deaths are due to suicide and accidental death; however, a large proportion is due to physical illness. 2. In 2018, on the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) that measures mental wellbeing among adults and teenagers, the mean score for Scottish adults aged 16+ was 49.4. This was the lowest value since the time series began in 2008 although the decrease has been slight and gradual. The WEMWBS scale runs from 14 (the lowest level of wellbeing) to 70 (the highest). Nineteen percent of those aged 16+ years in Scotland in 2018 reported having a General Health Questionnaire (GHQ) score of 4 or more, an indicator of potential mental health problems. This was the highest level recorded since 2008. In 2016/17, 11% of adults had two or more symptoms of depression and 6% had previously self-harmed. 3. The guiding ambition for mental health is simple but, if realised, will change and save lives - **that we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems**. That means working to improve: • Prevention and early intervention;

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
		• Access to treatment, and joined up accessible services; • The physical wellbeing of people with mental health problems; • Rights, information use, and planning. 4. The report found that suicide rates among the Polish community in Scotland are higher than the Scottish average. The impact of racism and hate crime which contribute to social exclusion and negatively affect mental and physical health. 5. This study shows varying patterns of psychiatric hospitalisation by ethnic group in Scotland, with the differences only partly explained by socio-economic circumstances. For South Asian and Chinese groups in particular, they suggest under and late utilisation of mental health services. The findings indicate the need for culturally appropriate and sensitive mental health services that will improve access for minority ethnic groups to community and specialist mental health services.
Data on service uptake/access	Monitoring returns from independent advocacy providers.	Independent advocacy services in the city are accessed by a wide range of people including people with mental health issues, people with a physical or learning disability, substance misuse issues, older people, people who have autistic spectrum condition or people with dementia. In Edinburgh, over 4,000 people a year access individual advocacy services and over 6,500 hours of collective advocacy are provided in a year.
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	**A Just Capital-** Actions to End Poverty in Edinburgh	• In the wealthiest city in Scotland, it is estimated that almost 78,000 people are living in relative poverty, representing some 15% of the population and as many as 1 in 5 children. • Poverty in Edinburgh is real and damaging, but it can be solved. By implementing the calls to action we make in this report, we think the city can set a course to end poverty in Edinburgh by 2030. • Identified six areas for action – fair work, a decent home, income security, opportunities to progress, connections, health and

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		wellbeing - and one cultural challenge that should serve as a lens through which each action should be approached. • To end poverty in the city, the single biggest transformation Edinburgh could achieve would be to make the experience of seeking help less painful, less complex, more humane, and more compassionate. We call on City of Edinburgh Council to lead in the design and delivery of a new relationship based way of working for all public services in Edinburgh. • There is no solution to poverty in Edinburgh without resolving the city's housing and homelessness crisis. We call on the Scottish Government, as an urgent priority, to ensure the city has the right funding and support to meet its social housing expansion needs.
Data on equality outcomes	National Evidence Informing Equality Outcomes: 1. "Advances equality of opportunity in shaping policy and delivery of services" (Public Sector Equality Duty, Equality Act 2010). 2. "Improves the physical health of people with severe and enduring mental health problems to address premature mortality" (Mental Health Strategy, 2017-2027). 3. "Inform and support people to manage and maintain their health, and to manage ill-health" (The Healthcare Quality Strategy for NHS Scotland, 2010). 4. "To reduce premature mortality for people with poor mental health" (Charter of Rights and Actions for Change, 2016).	Actions to deliver equality outcomes and address health inequalities are not mutually exclusive but intrinsically linked i.e. health inequalities reflect the health gaps associated with people's unequal positions in society. Given this, health inequalities relate to and interact with other structures of inequality, e.g. age, ethnicity and disability. Therefore, in order to address health inequalities effectively, consideration must be given to the associated implications and complex intersections between people with Protected Characteristics, identified as: age, disability, gender, gender reassignment, pregnancy and maternity, marriage and civil partnership, race and ethnicity, religion and belief, and sexual orientation.
Research/literature evidence	Simmons, M.B. and Gooding, P.M. (2017) Spot the difference: shared decision making and supported decision making in mental health, Irish Journal of Psychological Medicine	Independent advocacy is a form of supported decision making. Supported decision making according to Simmons and Gooding (2017) can be viewed as an ethos rather than a mechanised model, characterised by:

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
		• Support to strengthen self-determination regardless of a person's apparent cognitive ability under current laws; • Viewing autonomy as a relational or interdependent; • Respecting of so-called 'dignity of risk'; • Providing an alternative to substituted decision making, paternalism and a 'best interest' approach • Driven by the rights, will and preferences of the individual concerned; • Upholding the principles of equality and non-discrimination; • Reflecting developing human rights norms.
Public/ patient/ client experience information	AdvoCard (2020) Mind Our Rights "Body Image, Human Rights and Mental Health" Event report. Edinburgh Carers Council (2020) 'Carers Rights Event' report. REH Patients Council (2021) Second Patient Experience at Royal Edinburgh Hospital Report.	AdvoCard's report outlined a strong argument for training for all staff on human rights and remove any barriers to the realisation of people's human rights in mental health services. There should be either shared or supported decision making approaches used in the delivery of mental health services and recognise that people's physical health is as important as their mental health. Professionals need to value the voice and opinions of people with lived experience and have cognisance that everyone has a right to a private life. There should be more information on human rights should be readily available and accessible for people with mental health issues with the focus should be on the UNCRPD. The ECC report highlighted several key issues and outline a need for better carer identification and for professionals to have a better understanding of what information can be appropriately shared with a carer, rather than using confidentiality to not share information with the carer. They highlight the need for more funding for carer services and a complete overhaul of the current complaints systems to improve it, recommending a different system, Care Opinion, a route for carers to raise complaints or suggestions about services. The REH Patients Council second patient experience report puts forward a convincing argument for why a human right based approach to care and treatment which is fully compliant with the UNCRPD should

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		be taken at the Royal Edinburgh Hospital. It outlines a need to move away from substituted decision making to supported decision making. There should be training for staff on trauma informed approaches and an evaluation of all hospital policies especially on the use of restraint, restrictions, and non-consensual treatment. The report puts forward the need for better patient involvement in decisions around development of their own care and treatment plans as well as better information for patients on wards including about their care and treatment plan.
Evidence of inclusive engagement of people who use the service and involvement findings	Consultation report on the commissioning of independent advocacy services (April 2021).	The recommendations from the consultation report were fully considered at the IIA meeting. These included the following: • Ensure that the face to face model of service delivery is an option for people who use advocacy services. • Ensure that staff have training to help advocacy partners with sensory impairments. This could include the use of BSL, Makaton, Talking Mats and other alternative communications. • Explore the potential of additional independent advocacy services for people from LGBT+ communities and other minority groups. • Explore the potential of advocacy workers having translation skills in several languages including Spanish and Polish. • Explore if there can be a dedicated service for carer advocacy that helps carers with issues on benefits and finance. • Look into gaps for people with autistic spectrum condition, eating disorders or people who present at accident and emergency.
Evidence of unmet need	Monitoring returns from independent advocacy providers.	Year on year increased demand on these services and service prioritisation, means that there is currently limited scope for a more preventative approach. Collective advocacy for some groups of people including those with a physical disability or older people has reduced in order to meet demand for individual advocacy.

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
Good practice guidelines	Scottish Independent Advocacy Alliance (2017) Advocating for Human Rights Scottish Independent Advocacy Alliance- Principles, Standards & Code of Best Practice (October 2019)	The Scottish Independent Advocacy Alliance (SIAA) published a report, "Advocating for Human Rights" in 2017. They highlight in the report that the PANEL Principles associated with the Human Rights Act have much in common with the Principles and Standards for independent advocacy. Independent advocacy is one form of supported decision making that can be invaluable for people with mental health issues who need to find their voice and have their rights upheld. The Principles, Standards & Code of Best Practice document recognises that all independent advocacy organisations share the same principles. It has been developed to be used across Scotland, to ensure that independent advocacy is being delivered consistently and is of the highest possible standard. In this respect it has a safeguarding role, ensuring that people who access independent advocacy can have confidence in the help and support they receive. This document also aims to safeguard independent advocacy itself by setting standards and promoting best practice, thereby helping to ensure that independent advocacy is understood, valued and effectively resourced. These Principles, Standards & Code of Best Practice provide important foundational statements on practice. It remains the responsibility of independent advocacy organisations, commissioners and funders to put measures in place to ensure that the Principles, Standards & Code of Best Practice are adhered to. Independent advocacy organisations should have their own organisational policies and procedures that reflect this document.
Carbon emissions generated/reduced data		
Environmental data		
Risk from cumulative impacts	Scottish COVID-19 Mental Health Tracker Study: Wave 2 Report (Feb 2021)	There a has been a significant impact on people's mental health caused by the ongoing Covid pandemic. The report outlines that for the overall sample, there was a significant increase in rates of reported suicidal

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
	https://www.gov.scot/publications/scottish-covid-19-mental-health-tracker-study-wave-2-report/	thoughts between Wave 1 (9.6%) and Wave 2 (13.3%). [Wave 1- May/Jun 2020 and Wave 2- Jul /Aug 2020.] Notable increases in suicidal thoughts from Wave 1 to Wave 2 were also found for several subgroups: • Men: A higher proportion of men reported suicidal thoughts in Wave 2 (16.3%) than in Wave 1 (10.2%). This is an increase greater than among women, who reported 9.6% in Wave 1 to 10.5% in Wave 2. It should be noted that despite men's significant increase at Wave 2, higher rates of suicidal thoughts were reported among women than men. • Young men (18-29 years): A higher proportion of young men reported suicidal thoughts in Wave 2 (34.4%) than Wave 1 (21.5%), though this should be regarded with caution due to the pronounced drop in sample size between Waves 1 and 2. • Those with a pre-existing mental health condition: a higher proportion of respondents in this subgroup reported suicidal thoughts in Wave 2 (36.7%) than Wave 1 (25.2%). Wave 2 of the Scottish COVID-19 Mental Health Tracker Study found that nearly a quarter of respondents reported levels of depressive symptoms indicating a possible need for treatment (24.1%) and a sixth (16.9%) reported anxiety symptoms of a similar level. Rates of depressive and anxiety symptoms did not significantly change from Wave 1 to Wave 2. However, rates of suicidal ideation in the week prior to completing the survey increased from Wave 1 (9.6%) to Wave 2 (13.3%). A number of subgroups saw changes to rates of moderate to severe depressive symptoms from Wave 1 to Wave 2, including: • Men's rate of depressive symptoms increased from Wave 1 to Wave 2 • Women's rate of depressive symptoms decreased from Wave 1 to Wave 2

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
Other		
Additional evidence required		

8. In summary, what impacts were identified and which groups will they affect?

Equality, Health and Wellbeing and Human Rights	Affected populations
Positive	
• Independent advocacy services will continue to be provided across the city to people who require access to them.	All groups
• A human rights based approach to the provision of the service will be woven into the new service specification.	
• Provision of independent advocacy services will help promote participation, inclusion, dignity and control over decisions in people's lives.	
• Non instructed individual advocacy will continue to be provided to people with cognitive impairment where appropriate to do so.	Disabled people
• Training will be required in new contract for staff to have undertaken BSL awareness, Makaton and Talking Mats training to improve the service to a wide range of people with disabilities.	All groups
• Collective advocacy can be a very positive experience for unpaid carers, people with disabilities and people with mental health issues.	
• Advocacy helps people subject to hate crime to get their voice heard.	
Negative	Older people, people with learning disabilities, people with mental health issues, people with sensory impairment.
• Online access to advocacy can bring barriers for some people who require additional equipment and support to get online, which may not be suitable for everyone.	
• Often difficult to engage earlier with children and young people who need independent advocacy until a crisis happens or they are detained.	Children and young people
• Collective advocacy may not meet all the needs of specific groups, e.g. people from LGBT plus communities.	Lesbian, Gay, Bisexual and Transgender people

• Due to demand on advocacy services, it can be difficult at times to provide access to support to people with disabilities. • Carers of people with a physical disability sometimes are unable to access independent advocacy when needed. • People with non-statutory issues or self-referrals from older people having difficulty accessing service due to demand. • Language can be a barrier sometimes in accessing independent advocacy including people who speak Polish and Spanish. • Digital exclusion to services can exist for homeless people. • People with substance misuse issues may not engage well with independent advocacy services. • Time of availability of advocacy services between 9am to 5pm weekdays may not suit everyone. • Women may have been impacted disproportionately due to impact of Covid pandemic with increased carer roles, home schooling commitments and loss of employment.	Disabled people Carers of people with a physical disability. Older people Minority ethnic people Homeless people People with substance misuse issues Women

Environment and Sustainability including climate change emissions and impacts	**Affected populations**
Positive • There should be reductions to physical environment and carbon footprint as less office space may be required in the future, with more staff working from home and using online and telephone to provide advocacy services. • Promote the use of recycling in offices of advocacy providers. • Encourage staff to make use of public transport for meetings with advocacy partners. **Negative** n/a	All groups

Economic including socio-economic disadvantage	**Affected populations**
Positive • Opportunities for income maximisation for individuals who are supported with issues in relation to benefits claims.	All groups

• Provision of advocacy services will continue to provide local employment opportunities for third sector staff including volunteers. • Helps people with low literacy and numeracy skills to raise issues and take control of their lives. **Negative** **n/a**	

9. **Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children's rights, environmental and sustainability issues be addressed?** All of the services to be provided will be commissioned, therefore it will be third sector providers who will undertake the provision of these services. Equality, human rights, children's rights, environmental and substantiality issues will be addressed in the service specification and in the terms and conditions of the contract with the providers.

10. **Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.** A communication plan is to be developed to support the dissemination of information of these advocacy services. There will be a responsibility of the providers of the new advocacy services to promote their services online and in printed format taking into account accessibility and language requirements to a wide range of audiences including staff groups.

11. **Is the policy likely to result in significant environmental effects, either positive or negative**? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this.

    No, these services will not result in significant environmental effects.

12. **Additional Information and Evidence Required**

    If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

13. **Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:**

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
1. In the development of the service model and specification, consider how to improve online access to advocacy for people who require additional equipment and support to get online.	Gordon Dodds, Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership.	Dec 2021	Dec 2022
2. In the development of the service model, look at how advocacy services engage earlier with children and young people who need independent advocacy before a crisis happens or they are detained.	Gordon Dodds, Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership.	Dec 2021	Dec 2022
3. In the development of the service model, look at ways how collective advocacy can meet the needs of specific groups, including people from LGBT plus communities and older people or people with a physical disability.	Gordon Dodds, Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership.	Dec 2021	Dec 2022
4. In the development of the service model and specification, look at how to improve access for people with disabilities and carers of people with a physical disability.	Gordon Dodds, Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership.	Dec 2021	Dec 2022
5. In the development of the service model and specification, look at how to improve access for people with non-statutory issues or self-referrals from older people.	Gordon Dodds, Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership.	Dec 2021	Dec 2022
6. In the development of the service model and specification, look at how to make improvements for people who don't speak English as their first language. Explore the potential of advocacy workers having translation skills in several languages including Spanish and Polish.	Gordon Dodds, Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership.	Dec 2021	Dec 2022
7. Explore in the development of the service specification how to enable homeless people to access the service.	Gordon Dodds, Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership.	Dec 2021	Dec 2022

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
8. Improve through the service model and specification, access to advocacy service for people who have substance misuse issues.	Gordon Dodds, Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership.	Dec 2021	Dec 2022
9. Through the commissioning process, explore how the advocacy services can be more flexible when delivered.	Gordon Dodds, Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership.	Dec 2021	Dec 2022
10. In development of the services, ensure that the face to face model of service delivery is an option for people who use advocacy services.	Gordon Dodds, Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership.	Dec 2021	Dec 2022
11. In the service specification, ensure that staff have training to provide a better service to advocacy partners with a range of disabilities. This could include training in BSL awareness, Makaton, Talking Mats and other alternative communications. Consider requirement of BSL interpretation in service specification.	Gordon Dodds, Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership.	Dec 2021	Dec 2022
12. Through the commissioning process, explore the potential of additional independent advocacy services for people from LGBT+ communities and other minority groups.	Gordon Dodds, Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership.	Dec 2021	Dec 2022
13. When developing the service specification, explore if there can be a dedicated service for carer advocacy that helps carers with issues on benefits and finance.	Gordon Dodds, Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership.	Dec 2021	Dec 2022
14. Through the commissioning process, look into gaps for people with autistic spectrum condition, eating disorders or people who present at accident and emergency.	Gordon Dodds, Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership.	Dec 2021	Dec 2022
15. Through development of the service specification, take into account the need for improved access to advocacy for women who are unpaid carers.	Gordon Dodds, Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership.	Dec 2021	Dec 2022

14. Are there any negative impacts in section 8 for which there are no identified mitigating actions? No

15. How will you monitor how this proposal affects different groups, including people with protected characteristics? The contract monitoring arrangements have still to be developed for these services but will include quantitative and qualitative measures of people who use these services across different groups and protected characteristics.

16. Sign off by Head of Service

Name: Tony Duncan, Service Director Strategic Planning, Edinburgh Health and Social Care Partnership

Date: 18 August 2021

17. Publication

Completed and signed IIAs should be sent to strategyandbusinessplanning@edinburgh.gov.uk to be published on the IIA directory on the Council website www.edinburgh.gov.uk/impactassessments