

East Lothian Health & Social Care Partnership



East Lothian Community Hospitals and Care Homes Provision Change Board

Communication and Engagement Strategy

September 2021

Contents

1. Introduction	1
2. Governance	4
3. The Need for a Communication and Engagement Strategy	5
3.1 Existing Engagement Strategy	5
3.2 Vision, Aims and Objectives	5
3.3 Differentiation between Consultation and Co-Production.....	6
4. Health & Social Care in East Lothian Strategic Context.....	7
4.1 Policy Requirements.....	7
5. Land Reform Act (Scotland) 2016; Community Empowerment Act 2015 / Community Right to Buy / Community Asset Transfer.	9
5.1 Integrated Impact Assessment.....	9
5.2 Integrated Impact Assessment – Quick Guide	10
5.3 Local Outcomes Improvement Plan.....	10
6. What are the likely Community Drivers?	11
7. Adapting the Seven National Standards to fit the Communication and Engagement Strategy.....	13
7.1 The Seven National Standards	13
Standard 1 - Inclusion.....	13
Standard 2 - Support	14
Standard 3 - Planning.....	15
Standard 4 - Work Together	16
Standard 5 - Methods	16
Standard 6 - Communication.....	17
Standard 7 - Impact	17
8. Stakeholders	19
9. Communication Techniques	24
9.1 Agreed Communication Techniques	24
9.2 Community Hospitals and Care Homes Update Paper (Aug 2021)	24
10. Timeline for Engagement	25
11. Timeline January 2021 – Summer 2022 (subject to change).....	26
Appendix 1 Integrated Impact Assessment Guidance.....	27

1. Introduction

East Lothian Health and Social Care Partnership (ELHSCP) recognises and endorses the need to engage with local communities when planning, redesigning, or changing the way it delivers care or the services it provides. The approach to wider communication and engagement can be found in the East Lothian Integration Joint Board Engagement strategy 2017-2020.

The ELHSCP Strategic Plan 2019 – 2022¹ sets out the Partnerships ambitions for delivering services that improve quality and client outcomes. It reflects local need, local priorities and national and local policies, strategies, and action plans. Performance monitoring processes continue to be developed, linked to the change boards, and progress is reported regularly to the Strategic Planning Group and when relevant to the East Lothian Integration Joint Board (IJB) and partners on all outcomes.

Although the Plan sets out intentions for a definitive three year period, its main aim continues to be remaining flexible enough to make all necessary changes, including reprioritisation, to reflect changes in local and national policy and in local demand and need.

The Strategic Plan and work that flows from it must comply with Scottish Government integration planning and delivery principles.² These require that all the services HSCPs are responsible for:

- Are integrated from the point of view of our service-users.
- Take account of the particular characteristics and circumstances of different service-users in all settings.
- Respect the rights of our service-users.
- Take account of the dignity of our service-users.
- Take account of the participation by our service-users in the community in which service-users live.
- Protect and improve the safety of our service-users.
- Improve the quality of our services.
- Are planned and led locally in a way which is engaged with our communities.
- Best anticipates needs and prevents them arising.
- Make the best use of the available facilities, people, and other resources.

A report was presented to the Integration Joint Board (IJB) in February 2018 (“Reprovision of Belhaven and Edington Community hospitals and Eskgreen and Abbey Care Homes”)³ outlining the need to address hospital bed reprovision throughout East Lothian. A further updated report following early community engagement carried out between March and November 2018 Reprovision of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes was presented to the IJB in December 2018⁴. The reports were primarily focused on finding alternative bed space solutions

¹ https://www.eastlothian.gov.uk/downloads/file/28278/east_lothian_ijb_strategic_plan_2019-22

² <https://www.gov.scot/publications/guidance-principles-planning-delivering-integrated-health-social-care/pages/2/>

³ https://www.eastlothian.gov.uk/meetings/meeting/6111/east_lothian_integration_joint_board

⁴ [Reprovision of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes IJB report \(13/12/18\)](#)

Previous Investigations have not focussed solely on bed provision (either in a hospital setting or care home setting), but also, the various alternative models of care East Lothian Council and NHS Lothian should or are able to provide. A key part of previous and ongoing discussions revolves around identifying key third party service providers and partners that will assist in the delivery of the any future strategies. in line with the National Policy “Shifting the Balance of Care” which seeks to increase the emphasis on health improvement and anticipatory care, providing more continuous care and more support closer to home. The 2018 reports were primarily focussed on four locations:

- Belhaven Hospital, Dunbar
- Edington Hospital, North Berwick
- Abbey Care Home, North Berwick
- Eskgreen Care Home, Musselburgh

The four facilities provide a range of services including NHS community beds. The Edington site provides a minor injuries clinic and accommodates North Berwick Medical Practice.

In addition to the investigations required in relation to the above, it was highlighted that the New East Lothian Community Hospital was being developed (now operational) to accommodate services provided from Roodlands Hospital, Herdmanflat hospital and Midlothian Community hospital and to repatriate activity from Edinburgh Hospitals.

The NHS Lothian strategic plan and capital plan does not envisage that NHS beds in Belhaven and Edington hospitals would be re-provided in new replacement hospital facilities therefore an alternative care strategy requires to be investigated.

Future East Lothian bed capacity was factored into the business case for the new East Lothian Community Hospital (ELCH)⁵ (which includes a presumption that at some point in the future Belhaven and Edington would reach end of life), therefore any loss of community beds are included within the planned capacity of ELCH and could be accommodated on a net zero gain basis within the yet to be commissioned wards within the hospital. This capacity (to include a to be determined amount of intermediate care provision) was supported by a £70M Scottish Government Investment, with no further investment likely or anticipated.

Current East Lothian Council strategies do not include the construction of new care homes and the capital budget has a limited budget for directly provided bed spaces in care homes, however, the Capacity Planning Working Group will also have to reflect on an increased appetite from private developers to build new care homes in East Lothian and the impact this might have on the capital and revenue consequences of future models of care.

The IJB Strategic Plan (2019-2022) reflects a continuation of the identified needs and aspirations of the previous 2016 – 2019 Strategic Plan⁶ therefore the goals and objectives of the IJB, and by default the aims and objectives of the Community Hospitals and Care Homes Change Board remain as presented in the previous plan.

These key aims and objectives can be summarised as follows:

⁵ https://www.eastlothian.gov.uk/download/meetings/id/17366/11_east_lothian_community_hospital

⁶ https://www.eastlothian.gov.uk/downloads/file/24339/ijb_strategic_plan_2016-19

1. **Deliver more care closer to home** – actively tackle the rise in unplanned or avoidable hospital admissions and significantly reduce delayed discharges from hospitals to home or a homely setting
2. **Address the variation in the use** and delivery of health and social care services across the county and tackling inequality
3. Develop a strong **focus on prevention** and low level support
4. Ensure **best value for the public purse** through more effective partnership working

In the interim period four significant developments occurred that could have a significant bearing on the way care in East Lothian will be delivered in the future, and the resources required to deliver Care Services.

1. Covid 19 (Ongoing)
2. Independent Review into Adult Social Care.⁷ (recommendations published January 2021), and August 2021 consultation surrounding the Scottish Government's proposals for a new National Care Service⁸
3. Publication of 2021/22 Scottish Budget⁹ and the Scottish Government Capital Spending Review 2021/22 – 2025/26¹⁰ confirm future borrowing capacity is limited up until 2025/26 which suggests funding for new replacement facilities will remain challenging.
4. Exit from the European Union

⁷ <https://www.gov.scot/groups/independent-review-of-adult-social-care/>

⁸ <https://www.gov.scot/publications/national-care-service-scotland-consultation/>

⁹ <https://www.gov.scot/publications/scottish-budget-2021-22/documents/>

¹⁰ <https://www.gov.scot/publications/investing-jobs-capital-spending-review-2021-22-2025-26/>

2. Governance

A Community Hospitals and Care Homes Provision Change Board has been constituted to revisit and oversee Integration Joint Board (IJB) Direction 12d in relation to the *Reprovision of Belhaven and Edington Community Hospitals and Eskgreen and Abbey Care Homes* with a particular focus on the outputs and recommendations presented to the IJB on 13th December 2018.

The Change Board will consider the Community Hospitals and Care Homes provision throughout East Lothian and refocus the project (as originally envisaged in 2018) taking in to account the current and ongoing impact of Covid-19 and including but not limited to the current IJB Strategic Plan, capital funding, East Lothian Local Housing Strategy 2018-2023, and the Independent Review of Adult Social Care.

Table 1 Change Board Membership

Role	Name
Integration Joint Board member (Chair)	Peter Murray
Director of East Lothian Health and Social Care Partnership (Vice-chair)	Alison Macdonald
Project Manager / Consultant	Bruce Dickie
Project Manager / Strategy Officer	Andrew Main
Head of Operations, ELHSCP	Iain Gorman
Deputy Director of Nursing, NHS Lothian / IJB Member	Fiona Ireland
Interim General Manager (Business), ELHSCP	Laura Kerr
Interim General Manager (Strategic Integration), ELHSCP	Paul Currie
Chief Nurse / General Manager (Acute, Ongoing Care and Community Nursing), ELHSCP	Lorraine Cowan
General Manager (Access and Rehabilitation)	Lesley Berry
Primary Care Services Manager, NHS Lothian	Bill Ramsay
Primary Care Clinical Lead	Alastair Clubb
General Practitioner	Richard Williams
Chief Financial Officer, East Lothian IJB / Finance Business Partner, ELHSCP / Assistant Finance Manager, ELHSCP	David King / Lynn Allan
Councillor	Sue Kempson
Councillor	Fiona O'Donnell
Councillor	Neil Gilbert
IJB member / carer representative	David Binnie
IJB member / Stakeholder representative	Marilyn McNeill
UNISON representative	Thomas Miller / David Bourhill
Engagement & Communications Manager, ELHSCP	Jane Ogden-Smith
Hub South East Scotland representative / Strategy consultant	Martin Hensman

3. The Need for a Communication & Engagement Strategy

A need to formulate a bespoke and robust engagement and consultation strategy centred firmly on the unique constraints and sensitivities surrounding future care delivery across East Lothian has been identified.

This Engagement Strategy focuses on the specific requirements surrounding the development of an East Lothian wide Community Hospitals and Care Homes Strategy which will undoubtedly give rise to crossover with four of the HSCP's six Strategic Change Boards:

1. Shifting the Balance of Care
2. Reprovision Programmes
3. Carers
4. Primary Care

Internal stakeholders (Public Sector) will be expected to undertake open and transparent discussion with a variety of local external stakeholders. ELHSCP as a public body is required to report regularly on progress and ensure that any eventual proposals reflect the requirements of all relevant local national and fiscal policies.

As an integral part of the East Lothian Community Hospitals and Care Homes Provision work, the Communication and Engagement Strategy must recognise and take account of the evolving lessons learned from Covid-19 and remain sighted on evolving guidance surrounding the establishment of a new National Care Service.

3.1 Existing Engagement Strategy

The East Lothian Community Hospitals and Care Homes Provision Communication and Engagement Strategy aligns with the previously published East Lothian Integration Joint Board Engagement Strategy 2017 -2020.¹¹

The East Lothian Community Hospitals and Care Homes Provision Communication and Engagement Strategy recognises that the political and healthcare landscape has changed for a variety of reasons, principally through consequences rising out of Covid-19, but also through the potential consequences of EU EXIT on staffing and future resource allocation, since the 2017- 2020 Strategy.

3.2 Vision, Aims and Objectives

A key part of the strategy is to provide a clear vision of how the ELHSCP sees older people's services in East Lothian being provided in the future and how these services can be resourced and delivered alongside existing services for other age groups. The Communication and Engagement Strategy not materially impacted by other engagement being undertaken with these groups by other Service Leads. (Primary Care Implementation, Community Transformation etc).

¹¹ <https://www.eastlothian.gov.uk/downloads/file/27187/east-lothian-ijb-engagement-strategy>

The vision provides key messages to internal and external stakeholders about why the engagement is taking place, and what the future outcomes of the engagement should assist in achieving. Whilst the Vision can be used as a statement of intent to stakeholders, it is not a promise of delivering specific services in specific settlements. The Vision covers East Lothian as a whole.

The vision for the integration of health and social care in East Lothian is set out in the IJB's Strategic Plan and is as follows¹².

“People in East Lothian can live the lives they want as well as possible, achieving their potential to live independently and exercising choice over the services they use”

The aim of future consultation will be to keep the communities within East Lothian informed of progress on matters surrounding the shaping and scope of future Older People's Social Care services, and to ensure that all citizens and stakeholders are provided an opportunity to express their views and opinions with regard to the development of an East Lothian wide Older People's Strategy.

The following three key messages were agreed by the Provision Change Board on the 15th of July 2021.

- **Key Message 1:** Deliver high quality care and support to East Lothian's current and future older population, at the right time and in the right place.
- **Key Message 2:** Ensure services for older people are sustainable and adaptable to the current financial climate, the impact of the Covid-19 pandemic and national policy.
- **Key Message 3:** Engage with communities within East Lothian to ensure services deliver equitably across our diverse population.

3.3 Differentiation between Consultation and Co-Production

This Communication and Engagement Strategy outlines the HSCP's approach to consultation on the various and complex matters that will shape the future delivery of care across East Lothian.

Appropriate levels of consultation and evidence sharing will be carried out in an open and transparent manner and will be based upon the evidential data collected throughout the evidence gathering stages within the engagement programme outlined in Section 10 of this strategy.

Once all evidence has been gathered and interrogated, recommendations will be produced, based on current data that focus on what can be delivered, rather than what cannot. These proposals will be shared with communities, staff and carers across East Lothian, and a commitment provided by the HSCP to consider all responses and concerns ahead of any final recommendations that may be taken forward for approval.

Following Community Engagement and any resulting approval of recommendations, the HSCP will be in a position to work more closely with local communities regarding the

¹² <https://www.eastlothian.gov.uk/downloads/file/28278/east-lothian-ijb-strategic-plan-2019-22>

healthcare needs in their own specific areas, and how these will contribute to care across East Lothian as a whole. (Co-Production).

Taking the above into consideration, the Communication and Engagement Strategy clearly differentiates between the need to consult on the future strategic direction of all older people's care services across East Lothian, and the design of specific services on a co-production basis after the Strategy has been agreed.

The following definitions are referenced in the IJB's Engagement Plan and are provided again here to articulate this differentiation more clearly.

Consultation is the process by which people are asked their opinions. Consultation requires a commitment to listen, give due weight to the views expressed and feedback outcomes to the people consulted.

Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families, and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change. [New Economics Foundation¹³].

4. Health & Social Care in East Lothian Strategic Context

4.1 Policy Requirements

The Communication and Engagement Strategy is designed to marry with existing ELHSCP policy and tie in with previously stated objectives regarding the approach to be adopted when engaging with the community.

Reason – To ensure that any stated aims and objectives provide a clear direction of travel and avoid raising confusion with community stakeholders.

The Communication and Engagement Strategy for future provision of hospital and care home bed spaces should tie into the following three principle policy documents:

1. 2019 -2022 East Lothian Integration Joint Board Strategic Plan¹⁴
2. East Lothian IJB Engagement Strategy¹⁵
3. NHS Lothian Public Engagement – A New Framework¹⁶

The Communication and Engagement Strategy recognises the significant engagement and feedback received previously from earlier community consultation throughout 2017 and 2018 regarding the Reprovision of Belhaven and Edington Community Hospitals and Eskgreen and Abbey Care Homes.

¹³ <https://neweconomics.org/2010/07/right-right-now>

¹⁴ <https://www.eastlothian.gov.uk/downloads/file/28278/east-lothian-ijb-strategic-plan-2019-22>

¹⁵ <https://www.eastlothian.gov.uk/downloads/file/27187/east-lothian-ijb-engagement-strategy>

¹⁶ <https://www.nhslothian.scot/GetInvolved/PolicyPapers/NHS%20Lothian%20Public%20Engagement%20-%20A%20New%20Framework.pdf>

The results of this extensive consultation was summarised in a paper presented to the IJB December 2018 titled “*Reprovision of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes*”¹⁷

Future engagement will continue to follow the Scottish Governments National Standards for Community Engagement¹⁸ which are recognised as best practice principles designed to support and inform the process of community engagement, and improve what happens as a result

The Seven National Standards are:

1. **Inclusion** – Involve Listen
2. **Support** – To understand
3. **Planning** – what we are doing
4. **Working Together** – Community Trusts, shared objectives etc
5. **Methods** – ensure engagement methods are fit for purpose
6. **Communication** – clear at all times and not evasive
7. **Impact** – Measurable through successful outcomes

When following the above seven step process, stakeholders should also be mindful of Scottish Government Planning Advice Note 3 2010 Community Engagement¹⁹. Cognisance of the National Standards should accord with the advice provided in the PAN.

¹⁷ [Reprovision of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes IJB report \(13/12/18\)](#)

¹⁸ <https://www.scdc.org.uk/what/national-standards>

¹⁹ <https://www.gov.scot/publications/planning-advice-note-3-2010-community-engagement/>

5. Land Reform Act (Scotland) 2016; Community Empowerment Act 2015/ Community Right to Buy / Community Asset Transfer.

The Acts provide a means for the Community to force a discussion on the level of engagement and indeed level of actual decision making that they can take part in, particularly with regard to planning and provision of future public services; their ability to buy public land for a clear and viable ongoing community use; and their ability to apply to have public assets transferred into community ownership.

The Communication and Engagement Strategy has considered the requirements of the above Acts. Its commitment to consult openly regarding the development of the East Lothian Wide Strategy in line with stated IJB policy; through completion of an Integrated Impact Assessment and by following the Scottish Government's National Standards for Engagement has been deemed sufficient to meet compliance with the requirements of these Acts. (See Section 7)

The Act gives communities the power to set the agenda and the way needs, issues or opportunities are understood. It also sets out a process whereby a community body can request that a service is improved, or to help improve a service, if it believes this is needed. The Act is clear that the public sector body that provides the service 'must agree to the request unless there are reasonable grounds for refusing it.'

Participation requests are not a substitute for having an engagement strategy. Any feedback gained through facilitating a participation request would play a role in informing future strategic development.

5.1 Integrated Impact Assessment

To assist in ensuring the HSCP meets its obligations under the Community Empowerment Act 2015 and other relevant legislation, and to provide reassurance that future service planning and matters surrounding strategy are open and transparent, an Integrated Impact Assessment (IIA) will be completed.

The IIA process allows the HSCP to meet its **legal obligations** in relation to equality, socio-economic disadvantage, climate change, sustainability, the environment, and human rights.

Once the IIA for the Community Hospitals and Care Homes Provision has been completed, revised appropriately, signed off and published, we will have met our legal requirements to:

- Undertake an impact assessment on equality, human rights, including the rights of children and young people, the environment and climate change.
- Assess against our Public Sector duties to advance equality, eliminate discrimination, and foster good relations.
- Have due regard to how to reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions ([Fairer Scotland Duty](#))
- Consider sustainability as part of the decision making process.
- Identify whether a Strategic Environmental Assessment (SEA) is required.
- Ensure that public services and economic decisions promote human dignity for all and
- Publish the IIA, within a reasonable period.

The Communication and Engagement Strategy has been designed to align with the Integrated Impact Assessment process, and the IIA guidance and checklist will be used as a key source of reference when designing future Consultation and Engagement activities. The most current Guidance, which includes the checklist is included as **Appendix 1**.

5.2 Integrated Impact Assessment – Quick Guide

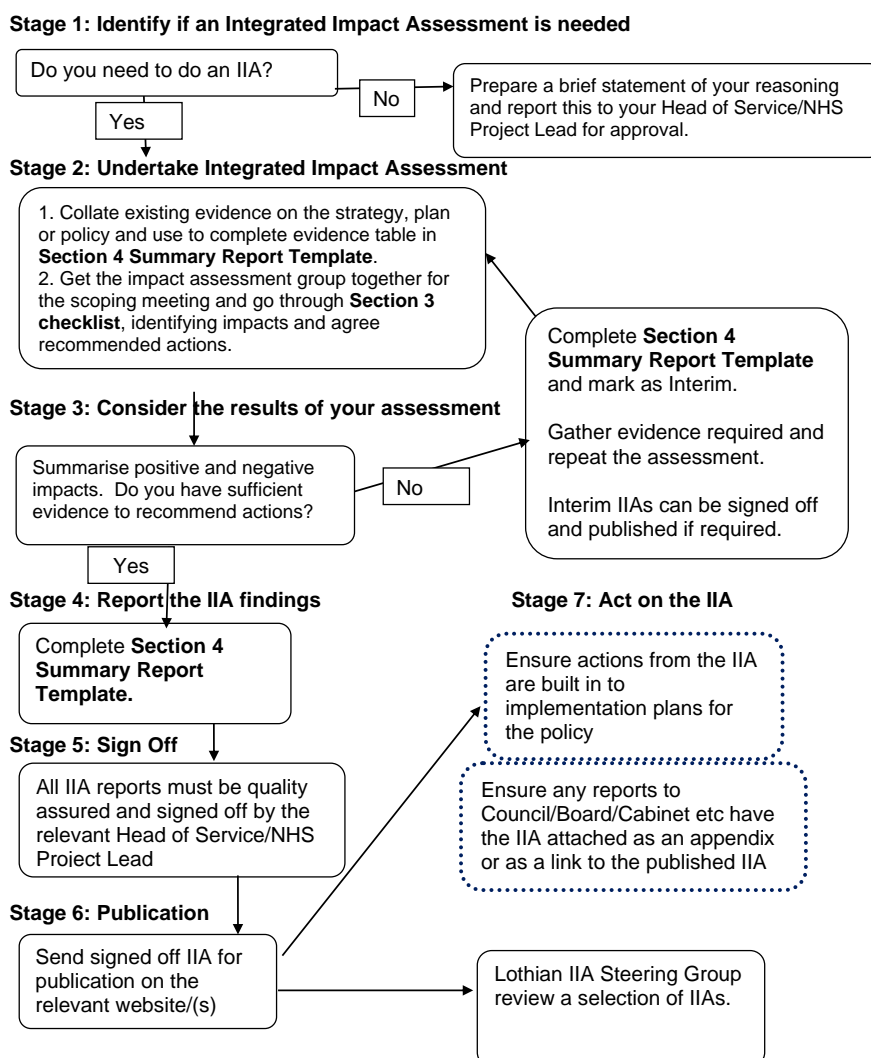


Figure 1 Integrated Impact Assessment Process

5.3 Local Outcomes Improvement Plan

Part 2 of the Community Empowerment (Scotland) Act 2015 requires that each Community Planning Partnership must publish a Local Outcomes Improvement Plan (LOIP) which lists the local outcome priorities that each partnership will measure itself against with a view to improving each outcome.

The Communication and Engagement Strategy recognises that the work being undertaken by the Community Hospitals and Care Homes Provision Change Board may impact positively on the local outcomes contained within the East Lothian Plan 2017 -27²⁰, which is East Lothians LOIP under the Community Empowerment (Scotland) Act 2015.

²⁰ https://www.eastlothian.gov.uk/info/210592/community_planning/11857/the_east_lothian_plan_2017-27

The Change Board will share information and future recommendations arising out of its work with East Lothian Partnership to allow it to evaluate its relevance in terms of the LOIP.

6. What are the likely Community Drivers?

A level of engagement has already been carried out across East Lothian but predominantly with the Communities in Dunbar, North Berwick, and Musselburgh through 2017 and 2018. Whilst feedback was received from outwith these areas, most comments related to these three communities. The feedback and comments received remain relevant and will be considered when developing the wider East Lothian Shifting the Balance and Community Hospitals and Care Homes Provision Strategy. These engagement forums still exist but no material consultation has been able to be carried out whilst Covid restrictions have been in place.

The following High-Level Themes were identified through the previous engagement conducted throughout 2017 and 2018 and should be reconsidered as part of any future amendment to Direction 12D.

Further themes will be identified through engagement with wider East Lothian Communities through 2022.

Table 2 Key Themes identified in 2018

High level theme	Commentary on Feedback Received
Different models of care	<p>Thoughts around the type and design of service that could be built as an extra care model. Some suggestions around Dutch Buurtzorg model, The principles of this model are being piloted as part of the facility visited at Varis Court in Forres, Moray.</p> <p>A similar facility used by a relative's parent in New Zealand (Berwick Royal Oak) was highlighted as a model.</p>
Design and detail of new extra care housing facility	<p>Positive discussion about what type of services and facilities could be in an extra care facility took place but especially during the workshop sessions. This varied depending upon the services currently within each care home or hospital, for example:</p> <ul style="list-style-type: none"> • Wish to retain existing services • Step up and step down care • Palliative care and end of life • Nursing and residential care • 24 hour nursing care • Minor Injuries unit (North Berwick) • Intergenerational facilities • Community involvement and social hub • Garden areas • Inclusion within the community and central to towns • Ability for family to stay for care and support (over and above a partner permanently sharing with a couple) • Manage potential to reduce social isolation and developing model around building stronger communities.

Tenure and security of tenancy	<p>Concerns raised in relation to security of tenancy and financial issues. Also, in relation to moving from current council house tenancy as a couple. These are managed in other areas by ensuring that any couple moving into extra care housing would remain. If for example the client either dies or moved on to other care – the partner would remain in the home as a house for life.</p> <p>Housing allocation panels with input from health and social care and third-party provider (if facility owned and managed by third party) would manage the balance of need across the extra care facility.</p> <p>Concern as to private provision for extra care housing and the ability for some flats to be purchased and how this may restrict access to this type of housing. Different commissioning models and funding approaches are in place across the country and would need to be further explored in business case options.</p>
Site	<p>This was raised very frequently across all sites. Questions around what current sites were available, would they be large enough for new facilities and cost to buy land. Assessment of land opportunities would be undertaken within the business case process.</p>
Co-production	<p>The message at engagement and consultation events was clear that the consultation and engagement work was only the start of these projects. Communities and groups would have the opportunity to help co-produce the models (adhering to IJB Engagement Policy 2018) over the next 12- 18 months when the business cases are being developed.</p>
Carers	<p>Consultation with carers and carer organisations will inform and shape future service design and provision.</p> <p>The engagement and consultation events over recent months have been vital in gathering the thoughts and views of a range of organisations and individual carers who have attended the meetings/sessions. It has been reiterated that this is the start of co-production and there will be involvement in the more local business cases to help further develop these models.</p> <p>The East Lothian Carers Strategy 2018 – 2021 Consultation draft will also be key in supporting carers to be able to help with the ongoing co-production of this work.</p>
Allocation of ECH housing and places	<p>There are different commissioning models across the country, but most have an ‘allocation/housing panel’. How ECH places would be allocated was a concern raised and to ensure there was no ‘house blocking’ or individuals being priced out of ability to have an ECH. Panels in other ECH models manage this process through a panel to ensure these concerns are not realised.</p>
Transition from current services in to new services and	<p>This was mentioned early on during the consultation and engagement sessions as there was an initial view that this work would be taking place sooner rather than later. Once meetings</p>

what happens to remaining assets	and groups were informed that this is a 3-5 year plus set of plans then there was less emphasis of this. However, there was clear emphasis that when it does take place then there should be huge importance around getting transaction right.
Staff – development of new roles/planning transition/recruitment & retention (including housing for staff)	<p>Staffing issues – frequently raised throughout engagement and consultation sessions. Centered on the focus to ensure staff are protected and that they move with any of the services. When we spoke to staff, they were more assured that this development will be 3-5 years plus and that the new facilities were likely to require additional staff.</p> <p>Developing their role in to providing care in an ECH facility would require positive recruitment with attractive jobs, positive career opportunities and career pathways. Housing for staff was raised (primarily in North Berwick – given current house prices) and some very positive suggestions on models and thinking to support staff were highlighted.</p>
Sheltered housing	A lot of discussion initially around the differences between extra care housing and sheltered housing. Many people liked the sheltered housing model, and we need to link in to the outcome of the East Lothian Council review.
Access to packages of care	This issue was raised frequently and IJB staff had also highlighted this. People supported the need to have speedier packages of care in place in peoples own home to support independence.
Minor Injuries at North Berwick	Respondents in North Berwick wished MIU to remain in any new development.

7. Adapting the Seven National Standards to fit the Communication and Engagement Strategy.

The approach to engagement with local communities and wider stakeholders should be easily understood, should allow all parties a voice, and be easily monitored - with inputs and outputs captured so success can be easily measured. The Scottish Government's Seven National Standards²¹ have been chosen as they provide a very easily understood framework which can help achieve these aims.

7.1 The Seven National Standards

Standard 1 - Inclusion

The consultation Strategy should be careful to identify all relevant community stakeholders and ensure that specific measures are taken to engage with them. Particular care should be taken to ensure that the “hard to reach”, for instance the elderly, are catered for adequately

²¹ <https://www.scdc.org.uk/what/national-standards>

when communicating the proposals and the likely impact (positive/negative) the future hospital and care home bed space strategy will have on them.

A stakeholder mapping workshop should be carried out at the earliest opportunity by the project team to identify the key stakeholders that should be targeted throughout the engagement process. The mapping exercise should rank the stakeholders in importance and map out the level of engagement and method of communication required with each.

In terms of meeting the standard the following should be taken into consideration:

- The people and groups who are affected by the focus of the engagement are involved at the earliest opportunity.
- Measures are taken to involve groups with protected characteristics and people who are excluded from participating due to disadvantage relating to social or economic factors (It is against the law to discriminate against anyone because of one of the protected characteristics, which are as follows: age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation)
- Participants in the community engagement process commit to continued two-way communication with the people they work with or represent.
- A wide range of opinions, including minority and opposing views, are valued in the engagement process.

Standard 2 - Support

As part of the stakeholder mapping exercise different groups should be assessed for their needs. This may include types of communication required for hard of hearing or vision impairment; foreign languages, and travel needs etc.

Where possible HSCP team members should be encouraged to engage positively through specific initiatives that are complementary to the future hospital and care home bed space provision objectives and that can create a feeling of real contribution and lasting legacy. This may involve working with historical societies, schools, and local colleges.

Workshops and engagement events should be chosen from a perspective of how easily reached they can be and their size as they are likely to be well attended given the older more professional demographic in North Berwick.

Thought should be put to where engagement activities can be carried out (face to face), and whether these are / remain safe. Alternative means of conducting consultation events should also be explored, particularly digital.

How will we know we have met this standard?

- An assessment of support needs is carried out, involving all participants.
- Action is taken to remove or reduce any practical barriers which make it difficult for people to take part in engagement activities.
- Access to impartial and independent development support is provided for groups involved in the community engagement process.

Examples of support needs

- Suitable transport.
- Caring for dependants (for example, childcare or care of older people).
- Suitable and accessible venues and appropriate catering.
- Access to interpreters.
- Communication aids.
- Meetings and events organised at appropriate times.
- Access to social media, video conferencing and online resources where appropriate.
- Out-of-pocket expenses.

Standard 3 - Planning

There is a clear purpose for the engagement, which is based on a shared understanding of community needs and ambitions.

The strategy forms the foundation of the planning required to maintain a methodical well thought out engagement that is inclusive, informative, and maintained throughout the masterplan period.

The project team with the assistance of the communication team require to agree in advance the types of engagement required (see stakeholder mapping) that will meet the needs of the intended recipients.

When agreed, the costs of delivery should be captured within an agreed budget. The budget should capture the costs of designing and maintaining an inspiring web site; venue hire, engagement stationary = newsletters, flyers posters etc, and on limited occasions catering. Thought should also be placed towards the costs of one of events such as an open doors day centred on biodiversity, art or archeology etc.

Given that the hospitals and care homes still have patients on site, live environment and patient privacy should be considered at all times; however, engagement days within these settings may well provide a further means of making a patient's convalescence or recovery less mundane.

How will we know we have met this Standard?

- Partners are involved at the start of the process in identifying and defining the focus that the engagement will explore.
- A clear and agreed engagement plan is in place.
- All available information which can affect the engagement process has been shared and used to develop the community engagement plan.
- Partners agree what the outcomes of the engagement process should be, what indicators will be used to measure success, and what evidence will be gathered.
- The timescales for the engagement process are realistic.
- There are sufficient resources to support an effective engagement process.

Standard 4 - Work Together

We will work effectively together to achieve the aims of the engagement.

The recurring theme across all of the standards is to ensure that the level of engagement is designed to be collaborative. Both the team and the community must be able to trust one another so communication and understanding of need must be a two-way thing.

It is likely that both sides of the engagement will have differing wants and needs therefore both need to understand each other's drivers. From an ELHSCP perspective, this may be capturing savings through re-provision of services and alternative models of care, in order to fund its future care strategy, and to be able to do so timeously.

From the community's perspective, it is likely that they see the hospitals and care homes as valuable community facilities, providing services that they have enjoyed for many years. Maintaining a consistent level of local service is likely to be number one on their agenda – therefore how can ELHSCP continue to support this whilst encouraging the community to support the required change in service provision going forward.

How will we know we have met this Standard?

- The roles and responsibilities of everyone involved are clear and understood.
- Decision-making processes and procedures are agreed and followed.
- The methods of communication used during the engagement process meet the needs of all participants.
- Information that is important to the engagement process is accessible and shared in time for all participants to properly read and understand it.
- Communication between all participants is open, honest, and clear.
- The community engagement process is based on trust and mutual respect.
- Participants are supported to develop their skills and confidence during the engagement.

Standard 5 - Methods

We must use methods of engagement that are fit for purpose.

There are a multitude of methods that ELHSCP can use to ensure effective engagement is maintained throughout the consultation period and beyond.

As part of the stakeholder mapping exercise there should be a discussion of the best methods to be used, the frequency and the likely cost. (see Appendix 1)

Some examples of community engagement methods likely to be utilised include:

A website, focus groups, public meetings, mini-publics, questionnaires, participatory budgeting, community action research, online surveys, social-media campaigns, story dialogue, newsletters, poster campaigns and use of local shops and businesses for display purposes etc.

How will we know we have met this Standard?

- The methods used are appropriate for the purpose of the engagement.
- The methods used are acceptable and accessible to participants
- A variety of methods are used throughout the engagement to make sure that a wide range of voices is heard.
- Full use is made of creative methods which encourage maximum participation and effective dialogue.
- The methods used are evaluated and adapted, if necessary, in response to feedback from participants and partners.

Standard 6 - Communication

We will communicate clearly and regularly with the people, organisations and communities affected by the engagement.

Communication is also a reoccurring theme and is tied in to the methods that will be agreed to deliver the engagement.

A communication strategy should be jointly agreed between ELHSCP and Hub South East in order that a consistent message is conveyed at all times. No communication should be released or shared with the community unless it has the final approval of the HSCP.

How will we know we have met this Standard?

- Information on the community engagement process, and what has happened as a result, is clear and easy to access and understand.
- Information is made available in appropriate formats.
- Participants have access to all information that is relevant to the engagement.
- Systems are in place to make sure the views of the wider community continuously help to shape the engagement process.
- Feedback is a true representation of the range of views expressed during the engagement process.
- Feedback includes information on the engagement process; the options which have been considered; and the decisions and actions that have been agreed, and the reasons why.

Standard 7 - Impact

We will assess the impact of the engagement and use what we have learned to improve our future community engagement.

An important part of this strategy is to agree how we will measure success in order that a successful outcome can be demonstrated. This is important from a service provision and planning perspective – i.e., supportive of how services will be delivered in the future, but more importantly in order that the successes or otherwise can be used intelligently when engaging in the future.

An important part of this understanding can be gleaned from lessons learned from previous HSCP engagements, what went well? What did not? Why?

How will we know we have met this Standard?

- The outcomes the engagement process intended to achieve are met.
- Decisions which are taken reflect the views of participants in the community engagement process.
- Local outcomes, or services, are improved as result of the engagement process.
- Participants have improved skills, confidence and ability to take part in community engagement in the future.
- Partners are involved in monitoring and reviewing the quality of the engagement process and what has happened as a result.
- Feedback is provided to the wider community on how the engagement process has influenced decisions and what has changed as a result.
- Learning and evaluation helps to shape future community engagement processes.

8. Stakeholders

The following Groups and individuals have been identified as key stakeholders in future engagement. (Note: we now have detailed contact information for most Groups/Stakeholders across East Lothian. These are reviewed and checked regularly for accuracy of contacts and will be updated in the stakeholder table).

Stakeholder management ahead of any formal consultations is deemed critical. A Stakeholder mapping process will be carried out jointly by the Change Board Sub Groups as a priority.

Stakeholders buy-in is also extremely important. Thorough Engagement and Consultation is recognised as a key requirement of the Communication and Engagement Strategy, therefore a clear understanding of the needs of stakeholders is required.

Future more detailed engagement and consultation plans will require to be stimulating and designed to capture the imagination of all identified stakeholders across East Lothian. Engagement will be carried out through formal and informal meetings and utilise various approaches including presentations, workshops, and questionnaires.

At the appropriate time, and as part of the initial identification of the opportunities and

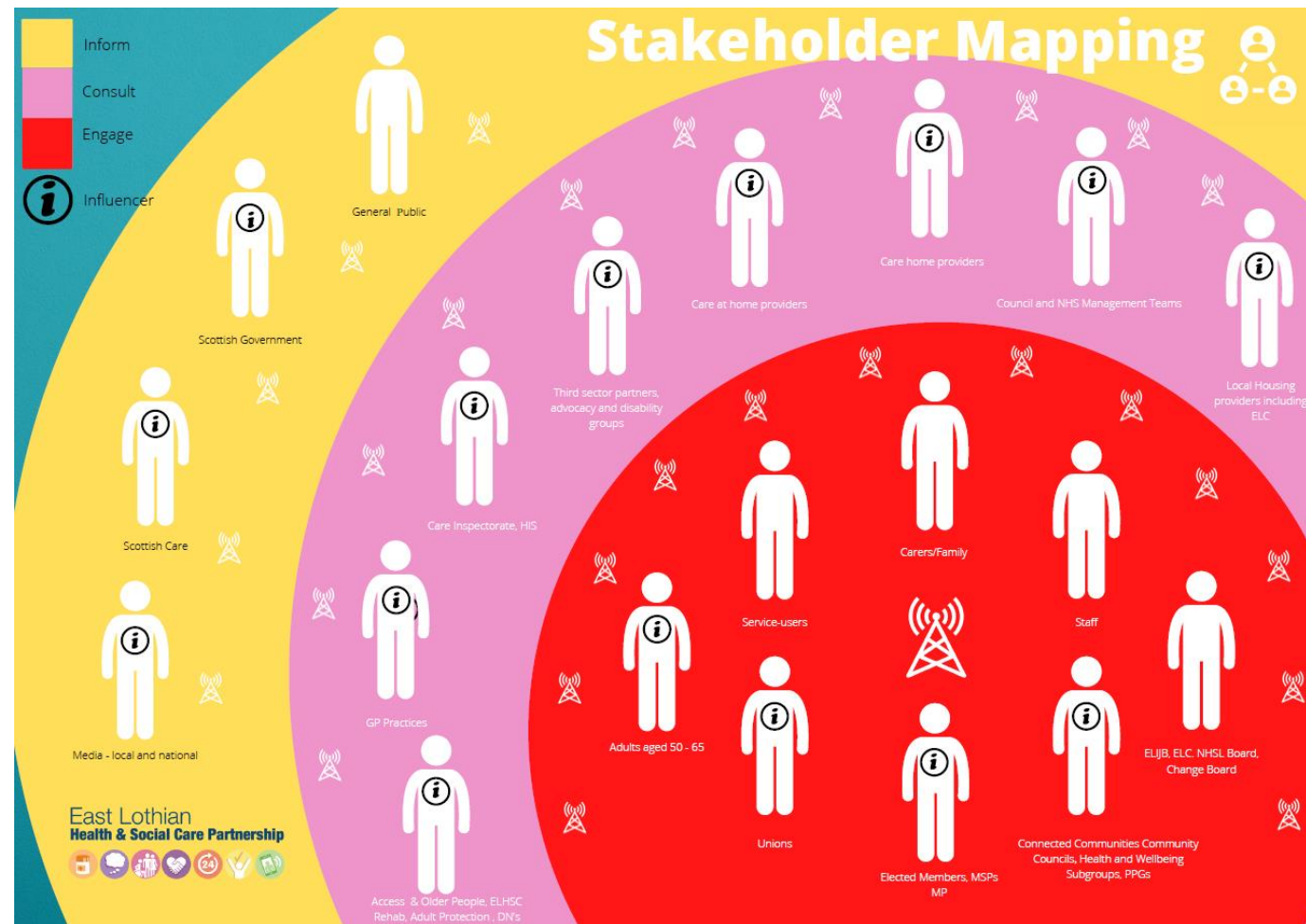


Figure 2 Stakeholder Mapping

constraints, the relevant internal and external stakeholders will be reviewed and assessed in terms of influence and importance. Importance should not be read as any one group being less important than another, rather which groups are more likely to be of assistance in widening the message to those that may prove harder to reach. The mapping exercise will provide focus on stakeholders that are likely to influence the consultation and engagement process the most, enabling the strategy to be designed to deliver greater impact.

Table 3 Internal and External Stakeholders

Stakeholders	
Internal	External
Integration Joint Board	Community Councils – Cockenzie and Port Seton / Dunbar / Dunpender / East Lammermuir / Garvald and Morham / Gifford / Gullane Area / Haddington and District / Humble, East and West Saltoun and Bolton / Longniddry / Macmerry and Gladsmuir / Musselburgh and Inveresk / North Berwick / Ormiston / Pencaitland / Prestonpans/ Tranent and Elphinstone / Wallyford / West Barns / Whitecraig
Strategic Planning Group	Local Area Partnership Chairs
Provision Change Board	Health and Wellbeing Sub-Groups and Associations
Area Partnerships (through Connected Communities) – Musselburgh / Fa'side / Preston, Seton, Gosford / North Berwick Coastal Area / Dunbar and East Linton / Haddington and Lammermuir	East Lothian Association of PPGs
NHS Lothian Board	Friends of the Edington
Service Leads	Friends of Belhaven
Council Senior Management	East Lothian Association of Day Centres
Care Managers	National and local third sector organisations
Care Staff	Providers Forum
ELC Sheltered Housing Officers	East Lothian Tenants and Residents Panel
Housing Strategy	GP practice managers
Financial Inclusion	Citizens Panel
Anti-poverty	East Lothian Consultation Hub – promoting consultations via social media and local media
	East Lothian Champions Board
	Support from the Start
	Care Inspectorate
	Scottish Government
	Unions
	Carers

Stakeholders	
Internal	External
	Service-user families
	Schools – parents, children and staff (via Edubuzz and school newsletters)
	Elected members (MSP's and MP's)
	Deaf Action
	Sight Scotland
	East Lothian Women's Rape and Sexual Abuse Centre
	Edinburgh and Lothians Regional Equality Council
	Equality Network
	Listening Eye
	Lothian Lesbian LGBT
	New Life Christian Fellowship
	North Berwick Christian Fellowship
	RNIB Edinburgh and Lothians
	Royal National Institution for Deaf People
	Lighthouse Community Hub
	Living Room
	Deaf Action
	Sight Scotland
	Alzheimer Scotland
	Meeting Centres Groups (per Sue Northrop)
	Age Scotland
	Age Concern Scotland
	Re-engage
	University of the Third Age
	Dunbar Dementia Network
	Local Older People's Action Groups
	Longniddry Senior Section (Guiding)
	Carers of East Lothian
	Ageing Well
	Scottish WRI
	Dementia Friendly Tranent
	Dirleton Good neighbours
	Lothian Mineworkers' Convalescent Home
	Alzheimer's Scotland D Cafe
	Walking Football

Stakeholders	
Internal	External
	Sporting Memories Foundation
	Live Well – East Lothian Cardio-Pulmonary Rehab Group
	Capability Scotland – East Lothian
	Care and Repair East Lothian
	ECAS
	Headway East Lothian
	Leuchie House
	Musselburgh CAB
	Haddington CAB
	Partners in Advocacy
	Our Community Kitchen
	Upward Mobility
	Lothian Centre for Independent Living
	People First
	Care Providers Forum
	Care Providers List
	Housing Associations (List)
	Scottish Care
	East Lothian Living (ELC - to every EL household)
	Homefront (ELC Housing - 9000 Council Tenants)
	Business Buzz (ELC Economic Development)
	ELTRP Newsletter
	COEL Newsletter
	VCEL Newsletter
	ELCAP Newsletter
	Day Centre Newsletters
	Astley House
	Belhaven Nursing Home
	Carberry House Care Home
	Crookston Care Home
	Drummohr Nursing Home
	Eskgreen
	Fidra House
	Florabank
	Haddington Care Home

Stakeholders	
Internal	External
	Harbour House Care Home
	Hilton Lodge Nursing Home
	Lammermuir House
	Leuchie House
	Muirfield Nursing Home
	St. Anne's Care Home
	The Abbey
	Tranent Care Home
	Tyneholm Stables

Prior to future detailed engagement with identified stakeholders and the wider general public, the likely impact of any future proposals agreed through the Change Board (upon completion of data gathering period, and review of the capacity planning outcomes) will be assessed as per the Integrated Impact Assessment Guidance (**See Appendix 1**). This will ensure that each of the highlighted groups have been considered fully and gaps identified. This will also ensure that the Integration Joint Board and partner organisations remain well placed in meeting their legal obligations openly and transparently.

9. Communication Techniques

The table below summarises the various methods of communication that may be utilised to communicate with the local community, who is responsible for managing that communication and what those responsibilities are. The list not exhaustive

9.1 Agreed Communication Techniques

Table 4 Communication Techniques

What are we communicating?	Method of Communication	Responsibilities	Frequency
Project details/ updates	Project webpage	Updating major elements of the project, ensuring all sections are populated and understood	As required
IJB/ Change Board Updates	Project webpage	Updating on decisions and recommendations	As required
Regular updates, jobs, community/ charity activity	Project Updates and Briefing Papers	Public interest stories, site updates, pictures	Monthly or Quarterly depending on stage of project
Project information/ events	Local radio and press	Promote positive engagement on site within the community	As required
Asking for feedback	Questionnaires/ Surveys	Using surveys to identify/ rectify any complaints/ compliments in the community	As required
Engagement with local groups/ community/ our commitment to the wider community	Local business forums, council forums, presentations to interest groups, cycling groups	To engage with local groups where possible	As required
HSCP commitment to engaging local community	Community meetings emails, individual meetings.		As required
	Information boards	Ensuring up to date information provided on information boards and the HSCP website.	Updated continually
Specific actions on site/ in communities	Letter drops	Ensuring the community understands what is going on at each site.	As required
Project updates, school engagement, learning new skills, opportunities in Health and Social Care		Ensuring project maximises local school's opportunity to learn about the Health and Social Care. Encouraging innovative ways of communicating information about the future strategy for the provision of beds project within each community.	Updated continually

9.2 Community Hospitals and Care Homes Update Paper (Aug 2021)

The Communication and Engagement strategy recognises the need to keep communities informed of HSCP progress, and the requirement to provide regular updates regarding the development of the evidence gathering, capacity planning and resulting impacts on future service delivery.

In August 2021 the East Lothian Hospitals and Care Homes Provision Change Board reviewed proposals to replace the 2019/20 revised Direction 12D - Transforming Care For Older People from with a new Direction 12I. The changes are as follows

Direction 12D (2019/20 revised)

“NHS Lothian and East Lothian Council to transform services for older people in East Lothian through working in collaboration with HUB Southeast approach to agree future of Eskgreen and Abbey Care Homes and Edington and Belhaven Hospitals and to deliver on the recommendations of the Housing with Care report”.

To be replaced with:

Proposed Direction 12I (lower case L) (Subject to final Approval by IJB)

NHS Lothian and East Lothian Council to transform service delivery for older people in East Lothian for the provision of Community hospitals, Care homes and development of intermediate care services. Developments must take into account demographic factors, the circumstances arising from the impacts of Covid-19, including service remobilisation and redesign and potential funding limitations, as well as the emerging outputs from the Independent review of Adult Social Care and development of a National Care Service

The Change Board also agreed that the reasons for the change in scope should be communicated to East Lothian citizens as quickly as possible.

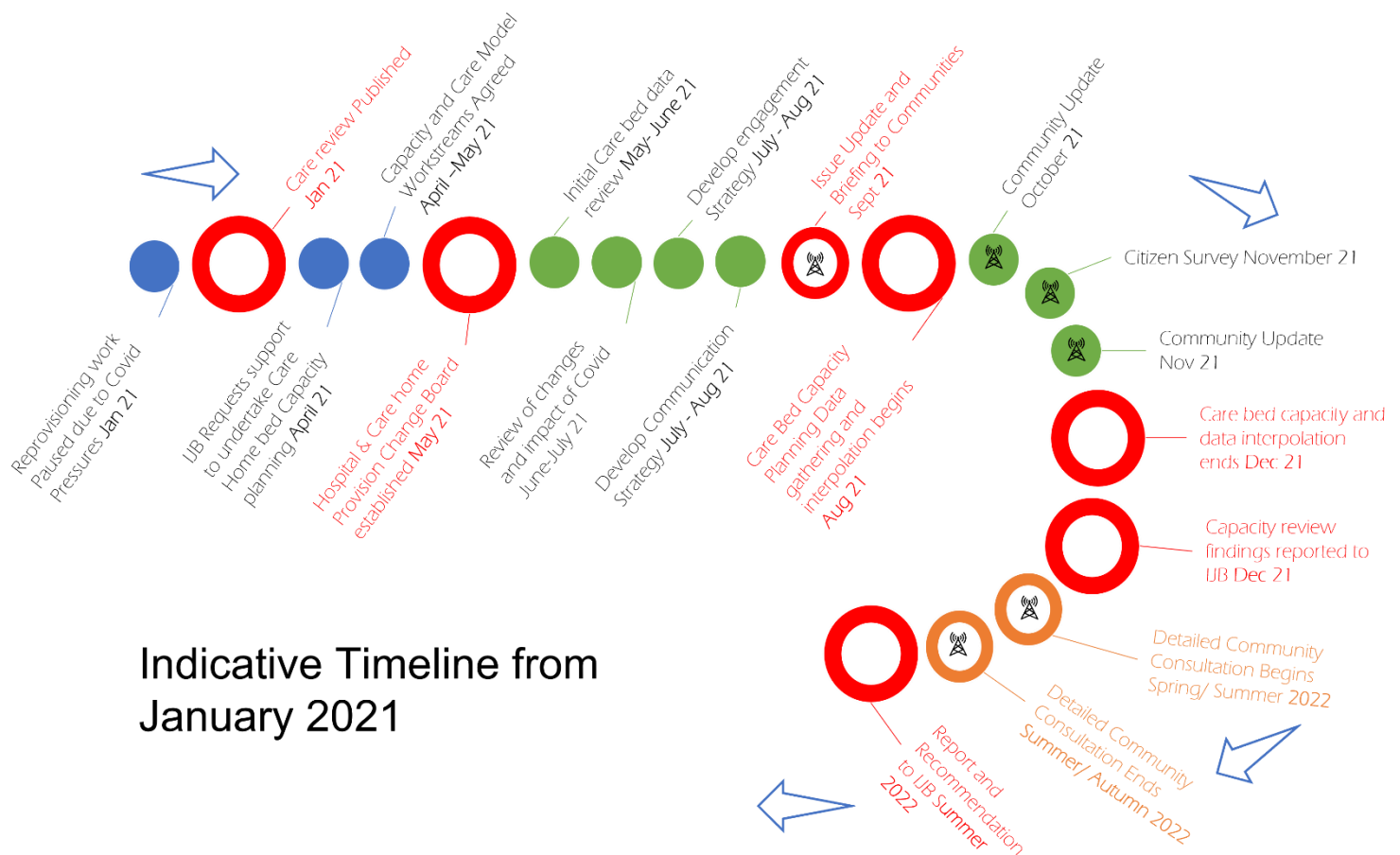
10. Timeline for Engagement

The following timeline for engagement has been agreed in draft (To be agreed and fully populated)

Table 5 Timeline for Engagement

Date	Proposed Workstream and Engagement Activity
Summer 2021	Planning data collection and review period begins
October 2021	Issue update and briefing to East Lothian Communities
Autumn 2021	Engagement with Staff, Health and Wellbeing Associations and ongoing consultation
Winter 2021/22	Initial data findings reported to Change Board
Spring 2022	Community consultation process begins
Late Summer 2022	Update report on consultation presented to Change Board
Autumn 2022	Final report and proposed recommendations presented to Change Board
Winter 2022/23	Final report and proposed recommendations presented to IJB

11. Timeline January 2021 – Summer 2022 (subject to change)



Indicative Timeline from January 2021

Figure 3 Indicative Timeline from January 2021

INTEGRATED IMPACT ASSESSMENT Guidance

A guide to Integrated Impact Assessment (IIA) for Councils,
Health & Social Care Partnerships, Health Services in the
Lothians

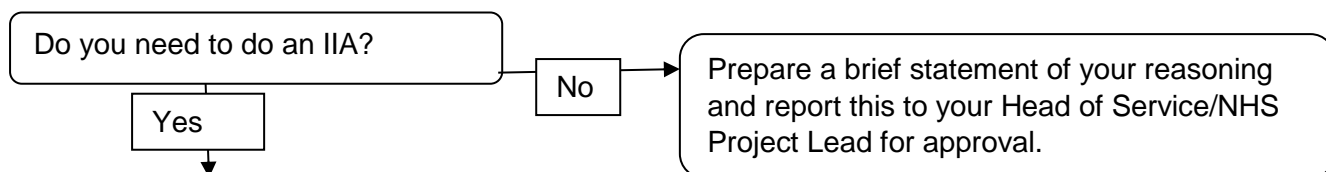
April 2021

Contents

Section 1	Integrated Impact Assessments – Overview	3
1.1	Introduction	4
1.2	Why is the Integrated Impact Assessment process needed?	4
1.3	Completing an Integrated Impact Assessment (IIA)	5
Section 2	Guide to undertaking an Integrated Impact Assessment	6
2.1	What should I impact assess?	6
2.2	At what stage should I do an impact assessment?	6
2.3	Who is <i>responsible</i> for doing an Integrated Impact Assessment?	7
2.4	Prepare – gather evidence	7
2.5	Carrying out the IIA – who should be involved?	7
2.6	Identifying impacts	7
2.6.1	Positive Impact	8
2.6.2	Negative Impact	8
2.7	Services delivered on behalf of the Public Bodies	8
2.8	Summary of Impacts and Recommended Actions	9
2.9	Communicating Information	9
2.10	Action Plan	9
2.11	Follow up	9
2.12	Sign Off, Paperwork and Publication	9
2.13	Contacts	11
Section 3	Integrated Impact Assessment Checklist	12
Section 4	Integrated Impact Assessment	18

Integrated Impact Assessment – Quick Guide

Stage 1: Identify if an Integrated Impact Assessment is needed



Stage 2: Undertake Integrated Impact Assessment

1. Collate existing evidence on the strategy, plan or policy and use to complete evidence table in **Section 4 Summary Report Template**.
2. Get the impact assessment group together for the scoping meeting and go through **Section 3 checklist**, identifying impacts and agree recommended actions.

Complete **Section 4 Summary Report Template** and mark as Interim.

Stage 3: Consider the results of your assessment

Summarise positive and negative impacts. Do you have sufficient evidence to recommend actions?

No

Gather evidence required and repeat the assessment.

Interim IIAs can be signed off and published if required.

Yes

Stage 4: Report the IIA findings

Complete **Section 4 Summary Report Template**.

Stage 5: Sign Off

All IIA reports must be quality assured and signed off by the relevant Head of Service/NHS Project Lead

Stage 6: Publication

Send signed off IIA for publication on the relevant website/(s)

Stage 7: Act on the IIA

Ensure actions from the IIA are built in to implementation plans for the policy

Ensure any reports to Council/Board/Cabinet etc have the IIA attached as an appendix or as a link to the published IIA

Lothian IIA Steering Group review a selection of IIAs.

Section 1 Integrated Impact Assessments – Overview

1.1 Introduction

The Integrated Impact Assessment (IIA) process and guidance has been developed by the four local Lothian authorities and NHS Lothian.

The IIA process is relevant for proposals for policies, strategies, provisions, criteria, functions, practices, budget setting and the assessment of potential savings and activities, including the delivery of services.

The **Supporting Information** document gives full details of the relevant legislation, as well as background information and examples.

1.2 Why is the Integrated Impact Assessment process needed?

The IIA process allows us to meet our **legal obligations** in relation to equality, socio-economic disadvantage, climate change, sustainability, the environment and human rights.

Once the IIA has been completed, revised appropriately, signed off and published, we will have met our legal requirements to:

- undertake an impact assessment on equality, human rights, including the rights of children and young people, the environment and climate change;
- assess against our Public Sector duties to advance equality, eliminate discrimination and foster good relations;
- have due regard to how you can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions (Fairer Scotland Duty)²²;
- consider sustainability as part of the decision making process;
- identify whether a Strategic Environmental Assessment (SEA) is required;
- ensure that public services and economic decisions promote human dignity for all²³; and
- publish the IIA, within a reasonable period.

²² Your organisation should have a list of forthcoming proposals that are considered strategic under the Fairer Scotland Duty

²³ A human rights-based approach emphasises participation, accountability, non-discrimination, empowerment and legality. This has several benefits: upholding the rights of everyone, supporting person-centred services, helping good decision making, improving institutional culture and relationships, ensuring legal compliance and promoting best practice. For children and young people's rights include participation, provision and protection.

1.3 Completing an Integrated Impact Assessment (IIA)

Guidance on the process is given in Section 2. In summary, it involves the following:

1. **Gather relevant data and evidence** about the needs and experiences of people with protected characteristics and those vulnerable to experiencing poverty and ill health in the context of the work you are undertaking. Circulate the IIA evidence checklist to the group in advance of the scoping meeting.
2. **As a group exercise at the scoping meeting**, go through the IIA checklist at Section 3 to think critically about how your proposal will meet the needs of and impact on different groups of people including those with protected characteristics^[1] and impact on human rights, sustainability and the environment. Consider whether further evidence is needed before making recommendations. This scoping meeting process should take no longer than two hours.
3. **Review and record** the results of your assessment and plan, take action and set review dates to address any issues identified. This helps towards meeting the specific duty in equalities legislation to mainstream equalities in all the work the public sector is involved in.
4. **Publish** the signed off interim or finalised IIA on the relevant website/s, within a reasonable period, to comply with equalities legislation.

^[1] Protected characteristics under the Equality Act include: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation and sex.

Section 2 Guide to undertaking an Integrated Impact Assessment

2.1 What should I impact assess?

The first stage is to consider whether a full assessment is required. If you answer yes to any question in the high relevance category, then an IIA is required. If you identify that an IIA is not required, then you need to explain why/how you have reached this decision.

High Relevance	Yes/no
The proposal could potentially affect people for example in the availability, accessibility or quality of goods, facilities or services	
The proposal has potential to make an impact on equality and/or socio-economic-related disadvantage ²⁴ even when this only affects a relatively small number of people	
The proposal has the potential to make a significant impact on the economy and the delivery of economic outcomes	
The proposal is likely to have a significant environmental impact	
The proposal is considered strategic and high level in the organisation	
Low Relevance	
The proposal has little relevance to equality or socio-economic disadvantage	
The proposal has negligible impact on the economy and the delivery of economic outcomes	
The proposal has no/minimal impact on the environment	
If you have identified only low relevance please give a brief statement of your reasoning and report this to your Head of Service/NHS Project Lead for approval. Please then insert the statement in the section in the relevant management or committee report.	

NB You should always try to determine whether there will be a **cumulative impact** on your service users and/or staff, e.g. what is the impact if you make a number of changes across different proposal areas?

For further advice on checking whether you need to do an impact assessment see Section 2 in the **Supporting Information** document.

2.2 At what stage should I do an impact assessment?

²⁴ In broad terms, socio-economic disadvantage means living on below average incomes, with little accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socio-economic disadvantage can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion

The IIA must happen as early as possible when the proposal is clear enough to make a reasonable assessment and **before** a proposal is finalised. The assessment cannot be retrospective, or undertaken only near the end of the process. If the proposal then changes significantly, the IIA may need to be repeated.

An IIA should also be undertaken before making any changes following reviews of existing policies.

2.3 Who is responsible for doing an Integrated Impact Assessment?

The people responsible for developing a new proposal, or delivering a service are responsible for undertaking the assessment. Recent legal cases highlight that the duty cannot be delegated. The relevant Head of Service or NHS Project Lead needs to ensure an IIA is being undertaken and **must sign off the final document**.

2.4 Prepare – gather evidence

Gather existing evidence on the policy, plan or strategy and how it may affect different groups. **Use Table 7 in Section 4 and circulate the completed table to all participants in advance of the IIA scoping meeting.**

2.5 Carrying out the IIA – who should be involved?

Carrying out an IIA is a group exercise carried out at the scoping meeting, and should bring together different perspectives on the topic being discussed. At least one member of the group should have undertaken training on how to undertake an Integrated Impact Assessment. Ideally the group should include:

- the person who wrote the plan, proposal or strategy
- the person who has strategic responsibility for it
- a person who will implement it
- a person with an operational or front line perspective
- an employee representative and/or HR colleague if there will be an impact on service delivery, staffing arrangements or other workforce issues
- people with protected characteristics and/or those with lived experience of socio-economic disadvantage where there are gaps in evidence
- support from your service area equality, diversity and rights lead or advisor

Unless in exceptional circumstances the scoping meeting should consist of **at least four people**. A named facilitator and a report writer should be agreed beforehand.

2.6 Identifying impacts

The group should get together to go through the checklist in Section 3 of this document. It is structured to allow you to consider possible impacts on different groups in the community.

The **Supporting Information** document contains information on the legal context and some issues to consider relating to the population groups and issues in the checklist. **Relevance** and **proportionality** should be considered when undertaking an IIA and may determine how much detail the IIA needs to have.

2.6.1 Positive Impact

Positive impacts may be different for people with one or more protected characteristic. This is permissible, but you must always be able to demonstrate that positive impacts are justifiable in law and do not amount to discrimination, direct or indirect.

For example: A targeted health improvement campaign for young men between the ages 16 to 24 would have a positive impact on this age group, compared with its impact on other age groups. It would not however have a negative impact on other age groups or women, so long as there is evidence that young men aged 16-24 were disadvantaged (an example of positive action to address a current inequality).

2.6.2 Negative Impact

An impact that does not support or hinders the achievement against the objectives identified.

For example: Holding a public meeting as part of a consultation exercise in a building that is not accessible and does not contain an induction loop system will have a negative impact on attendees with poor mobility and those who use hearing aids.

2.7 Services delivered on behalf of the Public Bodies

Public bodies cannot abdicate or delegate their responsibility for meeting the public sector equality duty by 'contracting out' functions. Where the public bodies' functions will be carried out by an external supplier, both the public body and the contractor have joint responsibility for meeting the duty. If an external organisation is carrying out functions on behalf of the public body, then you need to make sure that equality is given due regard²⁵. As part of the impact assessment, identify if any part of the service will be delivered externally and if so, consider how equality and human rights have been considered as part of the procurement process.

Services delivered by Public Bodies in line with statute and national guidance

Public bodies may also be required to deliver functions in relation to statutory legislation, regulations or national policy and guidance that has been issued. Whilst an impact assessment may already have been undertaken by Scottish Government at a national level, the public body should also assess how this will impact at a local level.

²⁵ Those organisations subject to the Public Sector Equality Duty must have due regard to its three general duties in all aspects of carrying out business decisions and day-to-day activities i.e. eliminate discrimination, advance equality of opportunity and foster good relations.

2.8 Summary of Impacts and Recommended Actions

Having considered the evidence and **critically considered** the potential impacts, the scoping meeting should decide whether it needs further evidence. If the evidence is sufficient the group should agree a summary of the positive and negative impacts and recommended actions using the **Summary Report Template** at Section 4. If the evidence is insufficient then the **Summary Report Template** should be marked as an interim IIA and be finalised when this evidence has been gathered.

2.9 Communicating Information

The **Summary Report Template** (section 4) asks you to consider communication issues relating to the proposal. This may include consultation and engagement about the proposal and/or about the service once it is in place, and this must be inclusive for all members of the community.

2.10 Action Plan

Following the scoping meeting, the person responsible for the proposal should use the recommended actions in the **Summary Report Template** (section 4) to prepare a detailed action plan and build these into the implementation of the proposal.

2.11 Follow up

The Integrated Impact Assessment should inform future monitoring of the policy. The true impact of a proposal may only become clear once it is implemented or operating in practice. The person responsible for the proposal should be responsible for future monitoring.

2.12 Sign Off, Paperwork and Publication

The **IIA Summary Report Template** at Section 4, should be used when reporting impact assessments. Please complete the form electronically.

The relevant Head of Service or NHS Project Lead needs to be aware that the IIA is being undertaken and **must quality assure and sign off the 'interim' or 'final' document**. If 'interim' then it is expected that the final document will also be signed off in due course.

Once completed, the **Summary Report Template** should be sent to the relevant contact(s) listed at 2.13, for publication on the relevant website/(s). It is also recommended that a copy of the completed IIA is distributed to all colleagues involved in the scoping meeting/IIA process.

For further information

[Assessing Impact and the Public Sector Equality Duty](#)

[Public Bodies Climate Change Duties reporting](#)

[Scottish Government Climate Change policy](#)

2.13 Contacts

- **The City of Edinburgh Council** 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
- **Edinburgh Integration Joint Board/Health and Social Care** Completed and signed IIAs should be sent to Sarah Bryson at sarah.bryson@edinburgh.gov.uk to be published on the www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/
- **NHS Lothian** Completed and signed IIAs should be sent to impactassessments@nhslothian.scot.nhs.uk to be published on the NHS website <https://www.nhslothian.scot.nhs.uk/YourRights/EqualityDiversity/Pages/ImpactAssessment.aspx> and available for auditing purposes. Copies of previous impact assessments are available on the NHS Lothian website under Equality and Diversity.
- **East Lothian Council** Please send a completed copy of the IIA to equalities@eastlothian.gov.uk and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via www.eastlothian.gov.uk/info/751/equality_diversity_and_citizenship/835/equality_and_diversity
- **Midlothian Council** Completed and signed IIAs should be sent to equalities@midlothian.gov.uk to be published on the website
- **Midlothian Health & Social Care Partnership** Completed and signed IIAs should be sent to equalities@midlothian.gov.uk to be published on the website
- **West Lothian Council** Completed and signed impact assessments should be sent to the Equalities Officer.
- **West Lothian Health and Social Care** Completed and signed impact assessments should be sent to Layna Houston at Layna.Houston@nhslothian.scot.nhs.uk

Section 3 Integrated Impact Assessment Checklist

This checklist should be used to structure the group discussion and will inform the final IIA. The boxes may also help you to write your ideas down before discussion within the group. For further support read the **Supporting Information**.

1. **Before going through the checklist, consider:**
 - **What do you think will change as a result of this proposal?**
2. **Now consider impacts on different populations and groups of people. Which groups will be affected?**
 - **Go through the checklist below to identify how different people could be affected differentially.**

Population Groups	Differential impacts (<i>how may each group be affected in different ways?</i>)
People with protected characteristics <ul style="list-style-type: none">• Older people and people in their middle years• Young people and children• Men (include trans men), Women (include trans women) and non-binary people. (Include issues relating to pregnancy and maternity including same sex parents)• Disabled people (includes physical disability, learning disability, sensory impairment, long-term medical conditions, mental health problems)• Minority ethnic people (includes Gypsy/Travellers, migrant workers, non-English speakers)• Refugees and asylum seekers• People with different religions or beliefs (includes people with no religion or belief)• Lesbian, gay, bisexual and heterosexual people• People who are unmarried, married or in a civil partnership	
Those vulnerable to falling into poverty: e.g.	

Population Groups	Differential impacts (<i>how may each group be affected in different ways?</i>)
<p>have low or no wealth, on low income, live in areas of deprivation, experiencing material deprivation</p> <ul style="list-style-type: none"> • Unemployed • People in receipt of benefits • Lone parents • Vulnerable families e.g. young mothers, people experiencing domestic abuse, children at risk of statutory measures, includes disabled adult/child, minority ethnic families • Families with a child under 1 • Larger Families (3+ children) • People in receipt of pensions • Looked after children and young people • Those leaving care settings (including children and young people and those with illness) • Homeless people • Carers (including young carers and carers with protected characteristics) • Those involved in the criminal justice system • People with low literacy/numeracy • People experiencing difficulties with substance use • Others e.g. veterans and students 	
<p>Geographical communities</p> <ul style="list-style-type: none"> • Rural/semi-rural communities • Urban communities • Coastal communities 	

Population Groups	Differential impacts (<i>how may each group be affected in different ways?</i>)
<ul style="list-style-type: none"> • Business community 	
Staff <ul style="list-style-type: none"> • Full-time • Part-time • Shift workers • Staff with protected characteristics • Staff vulnerable to falling into poverty 	

3. Consider how your proposal will impact on each of the following from both an equalities and human rights perspective.

Objectives	Positive/negative impacts
Equality and Human Rights	
Eliminate discrimination and harassment	
Advance equality of opportunity e.g. improve access / quality of services / digital access	
Foster good relations within and between people who share protected characteristics	
Enable people to have more control of their social/work environment	
Reduce differences in status between different groups of people	
Promote participation, inclusion, dignity and control over decisions	
Build family support networks, resilience and community capacity	
Reduce crime and fear of crime including hate crime	
Protect vulnerable children and adults	
Promote healthier lifestyles including: <ul style="list-style-type: none"> • diet and nutrition, • sexual health, • difficulties with substance use • physical activity • life skills • wellbeing and mental health 	

Objectives	Positive/negative impacts
Environmental - consider how your proposal will reduce greenhouse gas emissions, plan for and adapt to the impacts of climate change and incorporate the principles of sustainability on each of the following.	
Reduce greenhouse gas (GHG) emissions by e.g. <ul style="list-style-type: none"> • improving fuel or energy efficiency • reducing the need to travel • switching to low-carbon energy sources • reducing the need for heating or lighting 	
Plan for and adapt to the unavoidable impacts of climate change (surface water flooding, sea level rise, hotter and drier summers, milder and wetter winters) through for example: <ul style="list-style-type: none"> • installation of Sustainable Urban Drainage Systems (SUDS) in new developments • use of greenspace and nature based solutions • reducing urban creep through greening and permeable surfacing • building standards to cool and storm proof buildings 	
Reduce pollution: air/ water/ soil/ noise	
Protect coastal and inland waters	
Protect and enhance biodiversity	
Encourage resource efficiency (energy, water, materials and minerals) by e.g. <ul style="list-style-type: none"> • using less material (more compact design) • promoting material reuse • procuring goods manufactured from recycled materials content • selecting local products to minimise transport emissions • using low-carbon construction materials (cement substitutes such as PFA or GGBS, sustainably sourced timber)²⁶ 	

²⁶ More information on reducing embodied carbon in construction projects here : <http://www.wrap.org.uk/sites/files/wrap/FINAL%20PRO095-009%20Embodied%20Carbon%20Annex.pdf>

Objectives	Positive/negative impacts
<ul style="list-style-type: none"> selecting low maintenance and durable products/materials avoiding single use plastic 	
Change in land use	
Public Safety e.g.: <ul style="list-style-type: none"> infection control accidental injury fire risk 	
Reduce need to travel and promote sustainable forms of transport	
Improve the physical environment e.g.: <ul style="list-style-type: none"> housing quality public space access to and quality of green space 	
Economic (including socio-economic) – consider how your proposal will impact on each of the following	
Improve quality of and access to services including digital infrastructure	
Cost of living including food and fuel	
Support local business	
Income from employment, e.g.: <ul style="list-style-type: none"> Improve local employment opportunities Help young people into positive destinations Help people to access jobs (both paid and unpaid) Improve working conditions, including equal pay Improve literacy and numeracy 	
Income from Social Security/Benefits in kind, e.g.: <ul style="list-style-type: none"> Maximise income and/or reduce income inequality 	

4. As a group agree:
- A summary of the impacts identified
 - Is further evidence needed to understand these impacts and make any recommendations? If so complete an interim report and agree a timescale to complete a final report.
 - What recommended actions should you make to mitigate negative impacts and enhance positive impacts?

This checklist has now been completed and the findings provide the basis for the ***Summary Report Template*** (Section 4).

Section 4 Integrated Impact Assessment

Summary Report Template

Each of the numbered sections below must be completed

Interim report		Final report	
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 (Tick as appropriate)

1. Title of proposal
2. What will change as a result of this proposal?
3. Briefly describe public involvement in this proposal to date and planned
4. Is the proposal considered strategic under the Fairer Scotland Duty?
5. Date of IIA
6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. NHS, Council)

Name	Job Title	Date of IIA training

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 / and to the environmental impacts of your proposal
Data on populations in need		
Data on service uptake/access		
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.		
Data on equality outcomes		
Research/literature evidence		
Public/patient/client experience information		
Evidence of inclusive engagement of people who use the service and involvement findings		
Evidence of unmet need		
Good practice guidelines		
Carbon emissions generated/reduced data		
Environmental data		
Risk from cumulative impacts		
Other (please specify)		

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected / and to the environmental impacts of your proposal
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	
Negative	

Environment and Sustainability including climate change emissions and impacts	Affected populations / areas
Positive	
Negative	

Economic including socio-economic disadvantage	Affected populations / areas
Positive	
Negative	

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?

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.

- 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.

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

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

- 15. How will you monitor how this proposal affects different groups, including people with protected characteristics?**

- 16. Sign off by Head of Service/ NHS Project Lead**

Name

Date

- 17. Publication**

Completed and signed IIAs should be sent to:
impactassessments@nhslothian.scot.nhs.uk to be published on the NHS website
<https://www.nhslothian.scot.nhs.uk/YourRights/EqualityDiversity/Pages/ImpactAs>

sessment.aspx and available for auditing purposes. Copies of previous impact assessments are available on the NHS Lothian website under Equality and Diversity.