Integrated Impact Assessment : Summary Report Template

Each of the numbered sections below must be completed

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| --- | --- | --- | --- | --- |
| Interim report | X | Final report |  | (Tick as appropriate) |

**1. Title of plan, policy or strategy being assessed**

Adults with complex needs – Vision for service.

It should be noted here in this interim report that the group felt this vision was not that dissimilar from what we previously have and that it will be about the shifting of balance between the three layers. It was felt that at this stage an IIA is difficult to do but also recognised it would help us as a group to consider further impacts and priorities in the work

**2. What will change as a result of this proposal?**

The vision for the East Lothian community and day supports has three main elements. These will include specialist centre/s for people who require time in buildings based supports, a range of community based support and services to access and there will also be access to information and self-help which will let people live as independently as possible.

**3. Briefly describe public involvement in this proposal to date and planned**

Engagement and consultation events have taken place since September 2018 to gather qualitative data on current service provision and improvements needed have informed the needs assessment and the overall vision and recommendations. The recommendations have also been consulted on and further engagement will take place.

**4. Date of IIA**

22.5.19

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

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| --- | --- | --- | --- |
| **Name** | **Job Title** | **Date of IIA training** | **Email** |
| Jacqueline Kirkland  Christine Chambers  Kate Mark  Andrew Tweedy  Shannon Leslie  Nicola Cochrane  Colin Jeffery  Catriona Houston  Susan Austin  Ele Davidson  Jim Conway | Senior Health Promotion Specialist NHS  Strategy Officer ELHSCP  Public Health Registrar NHS  Director, Carers Of East Lothian  Strategy Officer ELHSCP  Service Manager, MH and Substance Use ELHSCP  Adult Community Resource Manager, Fisherrow  Adult Community Resource Manager, Tynebank  Scottish Health Council  CAPS EL  Carer/ Board member Carers of East Lothian | **22.11.18** | [**Jacqueline.kirkland@nhslothian.scot.nhs.uk**](mailto:Jacqueline.kirkland@nhslothian.scot.nhs.uk)  [**cchambers@eastlothian.gov.uk**](mailto:cchambers@eastlothian.gov.uk)  [**Kate.Mark@nhslothian.scot.nhs.uk**](mailto:Kate.Mark@nhslothian.scot.nhs.uk)  [**andrew@coel.org.uk**](mailto:andrew@coel.org.uk)  [**sleslie@eastlothian.gov.uk**](mailto:sleslie@eastlothian.gov.uk)  [**Nicola.Cochrane@nhslothian.scot.nhs.uk**](mailto:Nicola.Cochrane@nhslothian.scot.nhs.uk)  [**cjeffery@eastlothian.gov.uk**](mailto:cjeffery@eastlothian.gov.uk)  [**chouston@eastlothian.gov.uk**](mailto:chouston@eastlothian.gov.uk)  [**ele@capsadvocacy.org**](mailto:ele@capsadvocacy.org) |

**6.** **Evidence available at the time of the IIA**

| **Evidence** | **Available?** | **Comments: what does the evidence tell you?** |
| --- | --- | --- |
| Data on populations in need | Census (2011)  East Lothian Local Development Plan (2018)  East Lothian Resident’s Survey (2017)  National Records Scotland  NOMIS (2017)  Scottish Household Survey (2017)  SCLD (2017)  SIMD (2016) | East Lothian population is growing rapidly compared to Scotland, and has an older age profile.  There is significant housing growth in EL which will likely have an impact on future needs, both in type of service required and location.  4% of EL population live in most deprived quintile, however this varies by locality.  The proportion of adults with complex needs in EL is comparable to Scotland, however there is variation throughout EL.  Almost 22% of the population live in accessible rural areas, compared to 10% of Scottish population.  30% of chief earners in East Lothian commute to outside EL.  18.7% of carers are over 65 (Scotland 19.3%), however, this varies by geography with a range of 7.1% (West Barns) to 30.2% (Gullane).  725 adults with LD identified by EL C in 2018. |
| Data on service uptake/access | Council data on service use | 289 adults residing in East Lothian attend day services.   |  |  | | --- | --- | | Client Group | Clients | | Learning Disabilities | 165 | | Mental Health | 85 | | Physical Disabilities | 32 | | Older People | 7 | | Total | 289 |  |  |  | | --- | --- | | Area of Residence | Clients | | Dunbar | 22 | | Fa 'side | 66 | | Haddington | 40 | | Musselburgh | 84 | | North Berwick | 18 | | Preston, Seton, Gosford | 54 | | Out of area | 5 | | Total | 289 |   Of 725 adults with LD, 146 are not receiving council funded services (20.1%). 368 adults with LD received social care in 2019. |
| Data on equality outcomes | Unclear | As all the people within the programme of change are people with protected characteristics it is unclear what additional data would be required. |
| Research/literature evidence | Yes, though with limitations. Has been included as part of the Needs Assessment. | A rapid review of the literature was carried out in May 2019. It was carried out by a single reviewer. Medline and Embase were used as databases, from 1971 to present, English language only. Evidence relating to community based care, and specialist resource for disability was identified. A separate search was carried out for mental health and disability. An expansive search criterion was used due to the variety of evidence available, however, for mental health and disability, the evidence type was limited to reviews only, in order to identify relevant peer reviewed research. Due to the emphasis on learning disability in the literature, a separate search for physical disability was carried out, and this was not limited to reviews, in order to identify as much evidence as possible. |
| Public/patient/client experience information | yes | See evidence table for engagement with public/ people who use services experience |
| Evidence of inclusive engagement of service users and involvement findings | yes | See evidence table at end of this document . spoke with people who use services both at specific events and also at the places and services groups attend. |
| Evidence of unmet/unknown need | Some data is known. This has been gathered as part of the Needs Assessment. | In 2018, 725 adults with learning disability were known to the East Lothian local authority. The number of adults with learning disability identified through the Scottish Consortium for Learning Disability (SCLD) is 8.5 adults per 1,000. The census estimated 499 adults were living with LD in 2011. East Lothian has the highest number of adults with learning disabilities known to local authorities in Scotland (Scotland average 5.2 adults per 1,000).  Currently, adults in East Lothian requiring day services attend a range of providers. There are 3 resource centres, and 19 other providers of day services used by East Lothian residents. 11/19 other providers are based outside East Lothian, with 7 of providers based in Edinburgh.  No attendees at day services have been identified as having a sensory impairment. This is due to the data recording undertaken.  The Census (2011) estimates 627 individual with physical disability in East Lothian. Local authority housing shows that 27 houses were adapted for wheelchair and 290 houses were adapted for ambulant disabled. This does not include private homes. 180 users of social care have physical disability in 2018. Only 32 of day service users are identified as physically disabled (11.1% of users).  According to the Census (2011), 2,512 adults in East Lothian have a visual impairment or blindness, and 6,718 adults were identified with hearing impairment or deafness. It is not possible to estimate the severity of these impairments, or identify the cause, such as age related hearing loss.  The Census 2011 estimates 3,826 adults have a mental health illness in East Lothian. 202 users of social care have been identified as having mental health illness. 85 users of day services have mental health needs (29.4% of users).  Physical disability and mental health have a broad spectrum of needs that makes it challenging to draw conclusions from routinely available data. It is possible that there are individuals with physical disability or mental health needs that have not been identified by EL Health & Social Care Partnership. There may also be users known to EL council who have not been assessed as requiring day services, but would benefit from these services. It is not possible to estimate the scale of these unknown and/or unmet needs.  Adults with a complex need not known to EL Health & Social Care Partnership may not require any service, or may choose not to engage with service. Unknown individuals do not necessarily indicate unmet need in this population, however, this cannot be assumed. Indeed, it may be individuals who are unable to access services that have the greatest need.  Attendance at services outside East Lothian and significant transport costs suggest there is a service gap.  Surveys and engagement events may not represent all users’ views, due to challenges of accessibility. Where a proxy has completed the survey this has been noted. Those who do not use services, or who were unable to provide feedback through the methods used will not have their views represented. |
| Good practice guidelines | Yes.  The Principles for the proposed changes are based on good practice and guidelines as laid out in national policies | There are good practice guidelines in national policy and directions for different conditions that are included within this work. The Principles agreed by the Reference Group are also based on good practice.  Principles are-   * Supporting people to make and maintain friendships * Promoting vocational skills * Enabling people to make a positive social contribution * Supporting people to develop and enhance life skills * Promoting physical and mental well being * Positively supporting people with complex needs * Supporting carers * Reducing isolation * Promoting self-directed support * Addressing health inequalities * Supporting ecologically sustainable models of support * Supporting socially sustainable models of support * Working with people at the earliest opportunity to maintain, improve or maximise independence * Building capacity in the community * Ensuring best value and effective partnership working * Investing the East Lothian pound locally * Reducing dependence on services * Creating services that are aware and confident about using and utilising Technology Enabled Care * Creating a culture of learning and continuous improvement, where tests of change, and subsequent improvements are the understood way of developing services |
| Environmental data | N/A | Transport and environment of Specialist Centres will be relevant to change programme and further data will be sought for the final report. |
| Risk from cumulative impacts | Unclear – not available as a data set | There are financial pressures identified within the locality which may mean that there are other risks to this programme of change progressing. There are also other changes which are outwith the control of the change programme- e.g. changes to benefit system, changes to funding of third sector projects locally etc which could have an impact. |
| Other (please specify) |  |  |
| Additional evidence required |  |  |

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

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| **Equality, Health and Wellbeing and Human Rights**  **Positive**  The vision could have positive impacts as there will be more opportunity to develop life skills and vocational skills. This could also mean more opportunity for training/employment which will bring huge benefits to the service users, not just financially but also a sense of purpose and belonging. The layered system could also provide more flexibility for people and therefore be more proactive and person centred to their needs.  There will be support at all levels for people depending on need and this means that services can be tailored to need. Having more community based supports promotes integration and may reduce stigma. This also should have a positive impact on equal access to not only services and opportunities. Having a more community based support will help build resilience and promote choice and control – something that was lacking before. This vision of inclusive services will promote relationships and foster good relations between these populations which will help support networks.  Variety of levels of support can mean engagement where families and carers feel comfortable and is appropriate for them. Can also build support in community networks and potentially reduce isolation. The levels also mean that there is possibility of outreach work, which would help to get to the most vulnerable service users or those whom are not already engaged with the services.  There is potential that the person centred approach and reactive nature of a flexible model like this vision suggests carers could get more support as and when needed. The community based approach could mean that people will be able to access support from across the county rather than it being based on where you are currently living. Also there is outreach work potential in the vision which could provide some supports in the more rural parts of the county.  Negative  Some might find the changes to the services to come particularly challenging, especially the older populations a well as those whom have been in the specialist centres for a number of years. Also with some of these populations there is an increase need for care earlier on in life, not sure this model can fully provide that support A lot of concern over the criteria for the specialist service/centre. There was real issue that making this a more specialised service with stricter criteria would mean significant changes to some care packages and potentially less provision for some current service users. This specialist service needs more discussion and detail as to what criteria will be used and how this will be applied. While not necessarily negative it was mentioned that while the ethnic minority communities are very low at present in East Lothian there is a huge amount of building developments happening so the population demographic is going to change – we need to monitor and be mindful of this to ensure that community bases reflect the communities they serve and that training and cultural awareness activities are delivered. The flexibility could mean less structure and some of the populations work best when there is clear structure – also process like transitions need structure so while services need to be flexible they also have to have recognised pathways in place.  Real issue of poverty with these populations, high levels of unemployment and most of the populations are receiving benefits. Also we need to recognise that some of the advice services in the area have already been cut so this resource is already limited. Further changes to this model specifically if moving to community bases could mean an increase in travel, or some community based activities have costs attached. This could have serious financial impact and could result in homelessness, isolation and worsening physical and mental health although processes are in place for financial assessment which should negate this.  Another major concern is carers, this population is often also very vulnerable to poverty and it needs to be acknowledged that while inflation keeps going up and the charges for services (LD, PD, SI) keep going up working age benefits and disability benefits have not increased. This creates increased pressure on carers. The changes to the service, including travel, cannot put extra burden on the carers both paid and unpaid or other support networks people have, this will only result in further crisis for the service users and their family/friends. It could lead to potentially loss of home, financial instability and sever health implications such as stress and CHD risk. The specialist centre could potentially be the smaller resource in the vision, this is a concern as often this resource is when the carer is able to go to work, have a break or feel reassured that their love one is looked after. If this resource is to become specialist and have stricter criteria and more of the services are community based there could be detrimental impact on carers both in time and financially. It could also have a detrimental impact on their health and wellbeing and therefore will impact on their caring ability.  The county is semi-rural with some towns/villages not being serviced by public transport - this provides huge inequity in terms of access and has financial implications on the services going to be provided. There needs to be provision put in place if people have to travel to services.  Community based approach is fine in theory but not all of these populations feel safe with the wider community it can be very scary for some to go to places they are unfamiliar with. There is also the issue of disability friendly environments – will all community supports be accessible for all. | **Affected populations**  **ALL**  **ALL**  **Homeless, substance misuse, minority ethnic, vulnerable to poverty etc.**  **Rural Communities**  **Older people**  **ALL**  **Ethnic Minorities**  **Young People**  **Unemployed, benefits Vulnerable to poverty**  **Carers**  **Rural Communities**  **ALL** |

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| **Environment and Sustainability**  As the final model has not been agreed the vision at this time doesn’t appear to have any environmental impacts. Although group felt that as there was more of a community based support system this could decrease or increase travel which could have an impact. | **Affected populations**  **ALL** |

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| --- | --- |
| **Economic**  As the final model has not been agreed hard to specifically say but group did feel this new model would provide opportunities for more training/education and employment as well as developing life skills therefore would have a positive impact on economics. | **Affected populations**  **ALL** |

**8. Is any part of this policy/ service to be carried out wholly or partly by contractors and how will equality, human rights including children’s rights , environmental and sustainability issues be addressed?**

N/A

**9. 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.**

At this time as this is the interim report this will inform the options appraisal and once the IIA for that has been competed then a communications strategy will be drawn up. It should be noted however that service users and carers will continue to be involved of the development.

**10. Does the policy concern agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use?** If yes, an SEA should be completed, and the impacts identified in the IIA should be included in this.

N/A

**11. 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.**

N/A

**12. Recommendations (these should be drawn from 6 – 11 above)**

The project team to carry out a final Integrated Impact Assessment report and engage widely with stakeholders in the process.

**13. Specific to this IIA only, what actions have been, or will be, undertaken and by when? 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 contact details)** | **Deadline for progressing** | **Review date** |
| --- | --- | --- | --- |
| IIA report on options appraisal to be completed | Jacqueline Kirkland | Sep 2019 |  |
| Consideration of vulnerable groups such as service users, carers and those at risk of poverty to be made a priority in the process going forward. | Project team  (Christine and Shannon) | Ongoing |  |
| Financial implications of this vision to be made available to the reference group before the options appraisal | Project team  (Christine and Shannon) | November 2019 |  |
| Improve data collection about our service users to identify and address any inequalities | Project team and Public Health  (Christine, Shannon, Jacqueline) | December 2019 |  |
|  |  |  |  |
|  |  |  |  |

**14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?**

A framework for monitoring will be developed for the final report.

**15. Sign off by Head of Service/ Project Lead**

**Name**

**Date**

**16. Publication**

Send completed IIA for publication on the relevant website for your organisation. [See Section 5](#Section5) for contacts.