Integrated Impact Assessment

Final Report

1. Title of plan, policy or strategy being assessed

Midlothian Integration Joint Board Strategic Commissioning Plan

The Midlothian Integration Joint Board Strategic Commissioning Plan 2022-2025 was collaboratively developed over a 2-year period and was the result of significant consultation and engagement within each of the planning and service areas. The IIA reflects much of what has been captured through consultation. A Strategic Commissioning Plan 2022-2025 summary of the consultation for the Strategic Plan is available on the HSCP Website

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

The Strategic Commissioning Plan sets out how health and social care services will develop in Midlothian over the next 3 years and how the Integration Joint Board (IJB) have approved to spend their delegated budgets for health and social care services for adults in Midlothian (and specified services for Under 18s).

The population of Midlothian is growing and communities' needs are changing. This impacts on service and budget pressures and requires services to change and adapt to ensure we are improving the experience of people accessing care, improving the health of populations and affordable and sustainable. The overarching aims of the Strategic Commissioning Plan are to

- Increase people's support and opportunities to stay well, prevent ill or worsening health, and plan ahead.
- Enable more people to get support, treatment and care in community and homebased settings.
- Increase people's choice and control over their support and services.
- Support more people with rehabilitation and recovery.
- Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support.
- Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people's needs.

This IIA details how services and supports promote equality and address broader inequalities such as the impact of poverty on accessing services.

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

Consultation with people who use services delivered by the IJB was undertaken in the second half of 2021. People who used services, their carers and staff who support them were consulted in a variety of ways including questionnaires, focus groups and online surveys.

The plan is divided into separate sections, each with a planning lead and planning group.
Each lead was responsible for ensuring that they consulted with relevant groups and public involvement has taken place over a significant time period and woven throughout the planning process.

The plan as a whole was consulted on through an authority wide consultation for all stakeholders. This can be accessed online and in local libraries. There is a separate report detailing the public involvement and consultation that has taken place in the development of the strategic plan and the public consultation on the plan.

4 – Is the proposal considered strategic under the Fairer Scotland Duty?

Yes, this proposal is considered strategic under the Fairer Scotland Duty**.**

5 Date of IIA

8 Feb 2022 (completed 2 separate workshops with different groups of people & sent to people who could not be present for comment)

6. Who was present at the IIA?

Name	Job Title
Lois Marshall	Project Team Manager Neurological Conditions
Catherine Evans	Planning Officer – Older People
Caroline Shilton	Public Engagement Co-ordinator
Gillian Chapman	Planning Officer – Extra Care Housing, Respite, Falls
Matthew Curl	Programme Manager - Digital
Gill Main	Integration Manager
Hannah Cairns	Lead AHP
Leona Carroll	GP
Allan Blair	Wellbeing manager
Rebecca Hilton	Public Health Practitioner
Amanda Fox	Programme Manager
Matthew McGlone	Housing
Duncan McIntyre	Planning Officer – Learning Disability
Karen Darroch	Programme Manager – Mental Health
Anthea Fraser	Learning and Development Manager
Margaret McGillivray	Extra Care Housing
Christine Spurk	Learning and Development Practitioner (Adults)
James Hill	Unison Representative/Shared Lives
Eric Johnstone	MVA, Forward Mid and MOPA representative

Name	Job Title
Heather Henderson	Team Leader – Older People
Laura Hill	VOCAL
Jayne Lewis	Planning Officer – Physical Disability
Lorraine Dilworth	IL Service Manager Red Cross
Shelagh Swithenbank	Planning Officer – Unpaid Carers

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need	Yes	93,150 people live in Midlothian. Despite being one of the smallest local authorities in Scotland Midlothian is experiencing one of the largest population growths with an extensive house building programme. The projections within the next decade are a population increase to 103,945 which is a 13.8% increase form 2018. It is projected there will be 45,374 households in Midlothian compared to 39,122 in 2018 and more of these households will be single people or couples The Joint Needs Assessment (JNA) contains detailed information about the population of Midlothian. Planning Leads for each area accessed relevant data for service plans. Details can be found in the individual IIAs completed as part of that process
Data on service uptake/access	Yes	Service managers for each area have access to operational data.
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	Yes	10 datazones in Midlothian were within the most deprived 20% datazones in Scotland As of November 2020, 7,155 households in Midlothian were on universal credit of which 6,103 are in payment. As of April 2021, 5,069 people were receipt of Personal Independence Payment 8% of adults in Midlothian were worried about running out of food over the last 12 months due to a lack of money or resources. The highest proportion of people were younger adults aged 16-44 (11%) compared with 2% in the 75+ age group.

Evidence	Available?	Comments: what does the evidence tell you?
		Planning Leads for each area have access to data in the Joint Needs Assessment (JNA) and the Midlothian Profile.
Data on equality outcomes	Partially	There are details on the Equality Outcomes & Mainstreaming for the IJB as the Strategic Commissioning body for this plan Compared with the rest of Scotland, Midlothian has above average populations of children, the older element of the working population and retired people and below average populations of over 75s and young adults. Life expectancy has plateaued. People are living a longer period of their life in poorer health resulting in a likely increase in health and social care needs. Female life expectancy has increased by 3.3% and male life expectancy being 3.7% for Midlothian. The 2011 census provides the most recent view of the ethnic make-up of the population. 1.8% of the population belonged to a Minority Ethnic Community. This compared with 4% of the Scottish population. 72 people (0.09% of the population) identify as Gypsy/ Traveller compared to 0.08% in Scotland. We have an aging population of people who use drugs who are more likely to be frail and experience multi morbidity requiring increased health and social care support. Services need to reach out and target those most at risk of drug related deaths as we know they are less likely to reach in. The national population of adults with a learning disability is predicted to increase by 2% each year. People with learning difficulties often have poorer health outcomes compared to the general population and are at risk of dying from causes that are preventable. 12% of the Lothian population are carers. The Midlothian figure at the last census was 9.9% which is about 9,200 people. 2,173 people reported providing more than 50 hours care per week

Evidence	Available?	Comments: what does the evidence tell you?
		Additional equalities data is collected through each individual service area. National and UK wide equalities data is available for some areas.
Research/literature evidence	Yes	There is considerable detail within the JNA. Planning leads for each area have access to research/literature and national policies and commissioning guidelines relevant for each area.
Public/patient/client experience information	Yes	Carers' and service users' experiences were sought and woven throughout the planning process for the Strategic Commissioning Plan Planning Leads have access to data from: - National Health and Wellbeing Outcomes. - Consultation with people who use the service - Local Citizen's Panel
Evidence of inclusive engagement of people who use the service and involvement findings	Yes	Planning Leads undertook specific consultation using appropriate methods to ensure people were able to access consultations through a range of methods e.g. Easy Read questionnaires.
Evidence of unmet need	Partially	Operation and performance data relating to delayed discharge and service waiting times demonstrate an unmet need. Specific ethnic minority services can be difficult to source By 2025 strategy Midlothian will have a population of 100,252. The impact of the ageing population and aging workforce brings challenge to ensuring we have the appropriate workforce to meet this demand. In December 2021 there was a 4.24 staffing gap which is attributed to hard to fill posts such as band 2 and band 5 posts in care of the elderly, mental health nursing, health visitor posts with an overall of 41.39 vacancies across nursing reported in December 2021.The gender split is 90% female and 10% male with 74% of the male workforce working full time and 44% of the female workforce working full time.
Good practice guidelines	Yes	Services and supports to follow the Midway – offering person centred care that is joined up, recovery focussed, and trauma informed. Scottish Government Guidance on Strategic Commissioning Plans
Carbon emissions generated/reduced data	No	This is reported by our partners – Midlothian Council and NHS Lothian

Evidence	Available?	Comments: what does the evidence tell you?
Environmental data	No	
Risk from cumulative impacts	No	The Strategic Plan is a high-level document although includes limited detailed reference to specific services. The risk from cumulative impact will be regularly reviewed and action will be taken via the strategic commissioning, planning and transformation and integration programme.
Other (please specify)	No	
Additional evidence required	No	

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

Impact	Affected populations
Equality, Health and Wellbeing and Human Rights **Positive** Our strategic aims should have a positive impact including: 1. Prevention and planning ahead 2. Support, treatment and care in community and home-based settings. 3. Choice and control - through a wide range of supports and approaches. 4. Focus on human rights. 5. Joint working & integration of services. Our use of digital technology, with proactive support for people to use this, should enhance care and offer choice. Our focus on proactive support and prevention should reduce crisis and promote independence. Our focus on the Midway and people's Human rights should have a positive impact through delivering person centred support. **Negative** Further consideration is needed to ensure no negative impacts from: • Moving forwards with our digital delivery plan – this includes access to devices, connectivity, safe spaces, ability to use digital tools, use of digital to enhance relationships. • Being 'Home First' – does it assume 'home' is a safe place.	All – with the effects of our digital delivery plan being of particular importance to older people, people with low incomes and refugees and asylum seekers.

Impact	Affected populations
• Financial resources – as budgets available will be challenging during this period. Transparency about how decisions are made will be needed. • Services affected by COVID	
Impact on Environment and Sustainability including climate change emissions **Positive** Our strategic aim of offering services more locally and through a range of methods such as online may reduce the need for travel and have a positive impact. Our increased use of Pasivhaus technology for all care sites and intermediate care facilities will also have long term positive impacts. **Negative** The legislative requirements for COVID and use of PPE for example may have a negative impact on use of single use resources.	All
Economic **Positive** Our Strategic Aims focusing on providing support locally and human rights, together with our amplified priority to increase the number of people who are supported to address money worries should have positive impacts. A move to flexible provision of services may have both positive and negative impacts on staff as it may impact on skill mix and structure of teams. **Negative** Our focus on providing services locally and in people's homes may impact staff vulnerable to falling into poverty as it may put an unfair expectation that they have access to private cars due to the rural nature of many parts of Midlothian**.**	All – including staff who may not live in Midlothian but work here

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?

The strategic plan outlines the strategic vision and aims for the next 3 years. The implementation of the plan will be outlined in separate action plans. Some services may be delivered by contractors or through commissioning, in this case the procurement processes of the relevant partner (NHS Lothian or Midlothian Council) are followed. This includes considering these issues.

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.**

We have involved people throughout the process of creating the plan – with a number of service specific consultations. In addition we held public consultation of the plan for all residents of Midlothian – both online and with paper copies available in local libraries.

We have a dedicated website for the plan to allow people to use accessibility technology to access it and will have copies in every local library.

Any changes to specific services will be communicated via a wide range of methods – Social Media, our website, GPs, paper leaflets and posters where appropriate. Every communication will be made in conjunction with the Public Engagement and Communications team to ensure Scottish Government Accessibility guidelines are followed.

11. **Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative**? No

12. **Additional Information and Evidence Required?** No

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
Improve collection of equalities data throughout every service	Planning Leads for each area	March 2023	October 2022
Improve representation of people with lived experience within planning processes	Planning Leads for each area	March 2023	October 2022
Improve inclusive communication around the services we provide	Planning Leads for each area, Public Engagement Officer, Communications Team	March 2023	October 2022
Explore the Impact of our digital delivery plan - this includes considering access to devices, connectivity, safe spaces, ability to use digital tools, use of digital to enhancing relationships.	Digital Governance Group	March 2023	October 2022

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

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

We will improve measuring of equalities for each service to monitor any effects**.**

16. Sign off by Chief Officer

Signature

Name Morag Barrow

Date 23 March 2022