

Integrated Impact Assessments

Introduction

We know that services are under pressure, difficult decisions are being made and normal working practices may need to change or be adapted very quickly to ensure we can deliver essential services at this challenging time. However, it's important that we don't lose sight of our legal responsibilities in relation to equality, socio-economic disadvantage, climate change, sustainability, the environment and human rights.

The Edinburgh Integration Joint Board (EIJB), the City of Edinburgh Council and NHS Lothian use an Integrated Impact Assessment (IIA) tool to help ensure we are meeting those duties when developing policies and making service decisions. We recognise that it may not be possible to carry out all elements of the IIA process when making rapid decisions in relation to the EIJB's response to Covid-19. However, the EIJB remains under these duties and it's vital we continue to have due regard to potential impacts and record our consideration of these and any mitigating actions required. We have produced this shortened guide to help relevant staff to do this.

Senior Managers remain ultimately responsible for deciding whether an assessment is required and ensuring potential impacts are considered and recorded. Guidance and templates for carrying out the full IIA are available [here](#) for Council staff and [here](#) for NHS staff. The full IIA process should be followed in all but emergency circumstances.

The remainder of this document provides guidance on:

1. Deciding whether an impact assessment is required
2. Considering potential impacts
3. Recording impacts and mitigating actions

1. Deciding whether an IIA is required

- 1.1. The first stage is to consider whether a proposal requires an impact assessment. 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 and send a brief statement to your Head of Service for agreement and approval. This can be done by email, but it is important you retain a record of this approval as evidence.

High Relevance	Yes/no
The proposal could potentially affect people for example in the availability, accessibility or quality of goods, facilities or services	yes
The proposal has potential to make an impact on equality even when this only affects a relatively small number of people	yes
The proposal has the potential to make a significant impact on the economy and the delivery of economic outcomes	yes
The proposal is likely to have a significant environmental impact	No
The proposal is considered strategic and high level in the organisation	yes
Low Relevance	
The proposal has little relevance to equality	
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.	

2. Considering potential impacts

- 2.1. IIAs are normally carried out by a group of at least four people, to increase the diversity of perspectives and provide supportive challenge. We would encourage you, when possible, to make use of skype to facilitate this. If this is not possible, we would recommend that the lead officer involves at least one other staff member.
- 2.2. 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. A list of the types of evidence you will want to consider is included within the summary report template at Annex A. Much of this evidence will already be available within services; where evidence is not available, this should be noted.
- 2.3. As a group exercise if possible, think critically about how your proposal will impact on different groups of people, including those with protected characteristics, and/or impact on human rights, sustainability and the environment. A list of population groups and potential impacts is provided at Annex B as a prompt to aid thinking (and is not intended to be exhaustive).

3. Recording impacts and mitigating actions

- 3.1. Taking account of what the evidence gathered is telling you, critically consider how the proposal might impact on different groups in different ways. Consider positive, as well as negative impacts, and consider what actions might be necessary to prevent or mitigate negative impacts and/or maximise positive impacts.
- 3.2. Record a summary of the anticipated impacts and mitigating actions. A summary report template for recording this information is provided at Annex A.
- 3.3. Return the completed summary report template to sarah.bryson@edinburgh.gov.uk for publication on the Edinburgh Health and Social Care Partnership website.

Annex A**INTEGRATED IMPACT ASSESSMENT SUMMARY REPORT TEMPLATE FOR EMERGENCY DECISIONS**

Please complete as many of these sections as possible

1. Title of proposal

Suspension of day support and short breaks services for adults with Learning and/ or Physical Disabilities as a result of Health Protection Scotland advice and Government restrictions, which have been imposed to minimise the spread of Covid-19.

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

Planned day support and short break provision for people with learning and/ or Physical Disabilities is suspended in line with Public Health and Government guidance relating to Covid-19. Day Support and Short Breaks typically support people within groups in close contact with one another or where they access community activities and facilities which are now closed or restricted. Day Support and Short Breaks was reduced from the 19th March and in the main closed when the UK entered lockdown on the 23rd March. There will remain an element of physical support for those at significant risk which will be developed in line with and as closely as possible in compliance with Government guidance. Alternative support models will be developed throughout the lockdown period to ensure those who were receiving support and their carers have appropriate support.

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

There has been no general public involvement. All parties whom this is relevant to and any associated carers have been communicated with verbally and in writing of the decisions.

4. Date of IIA

30th April 2020

5. Who was involved in carrying out the IIA? (please list lead officer and other staff)

Name	Job Title
Mark Grierson	Disability Support and Strategy Manager
Emma Pemberton	Care and Support Manager
Jayne Kemp	Planning and Commissioning Officer
Robert Smith	Care and Support Manager

6. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you about different groups who may be affected?
Data on populations in need	Yes	<p>The Partnership directly support and commission support for people with Learning and/or Physical Disabilities as follows:</p> <ul style="list-style-type: none"> Day Support – 625 people Building based overnight short breaks – 145 people Brokers community short breaks - 140 people
Data on service uptake/access	Yes	<p>There are 18 individual day service providers, 3 of which are internal services.</p> <p>There are 3 providers of overnight short breaks, 2 of which are internal services.</p> <p>For the remainder of community short break provision this is provided by a variety of service providers based on an Individual Service Fund (ISF) model and a small number of Shared Lives (paid) carers.</p> <p>Day support services are provided from a building base in group settings, or within the community accessing local resources.</p> <p>Short breaks are either in building based shared settings, within the community accessing local resources or on group facilitated holidays.</p>
Data on socio-economic disadvantage e.g. low income, material/area-based deprivation.		<p>For those who access day support and short breaks, they mainly live with informal, unpaid carers; many of which at least one parent or carer is not employed. Income for many households may be quite low. Those supported within these services, in the main are in receipt of universal credit and therefore have typically low incomes.</p>
Data on equality outcomes	Keys to Life	<p>Published in 2013, '<i>Keys to Life</i>' sets out the Scottish Government's ten year strategy for improving the quality of life for people with learning disabilities. The implementation framework for the Keys to Life has four strategic outcomes which relate to the United Nations Convention on the Rights of People with Disabilities:</p>

Evidence	Available – detail source	Comments: what does the evidence tell you about different groups who may be affected?
		<ul style="list-style-type: none"> • A Healthy Life: People with learning disabilities enjoy the highest attainable standard of living, health and family life • Choice and Control: People with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse • Independence: People with learning disabilities are able to live independently in the community with equal access to all aspects of society • Active Citizenship: People with learning disabilities are able to participate in all aspects of community and society <p>These strategic outcomes have been significantly impacted as a result of the lockdown measures in response to Covid-19, which has led to the suspension of services. Whilst ultimately restrictions aim to preserve life and ensure a healthy life, there is recognition that the restrictions will also result in non- covid related health implications and individuals own wellbeing. There is national recognition that this will be the case and that services of all kinds will be severely impacted.</p>
Research/literature evidence	Carers Scotland Act 2016 Carers Scotland Act 2016; Statutory Guidance Social Work Scotland Act	<p>The Carers Scotland Act 2016 places a Statutory duty on local authorities to assess and provide support to carers based on local eligibility criteria. Outlined in the Edinburgh Health and Social Care Partnership Short Breaks Service Statement eligibility is defined under 4 levels of need. For those identified moderate or low need there is a local authority power to support. For those identified substantial or critical there is a local authority duty to provide support.</p> <p>There is also a statutory duty on the local authority to provide day support opportunities to people with learning disabilities.</p> <p>During suspended services the Partnership is not able to meet its statutory obligations in a manner which reflects the support people were in receipt of, whilst complying with Public Health and Government advice and restrictions.</p>

Evidence	Available – detail source	Comments: what does the evidence tell you about different groups who may be affected?
Public/patient/client experience information	Yes	<p>From a statutory perspective the Partnership has ensured all providers have remained in contact with all people they ordinarily support to offer advice, guidance, sign posting and alternative models of support where appropriate or required. For those with the most critical of needs and where there is significant carer stress, physical support has been provided as safely as possible. There has been a mixed response with some individuals and families:</p> <ul style="list-style-type: none"> • choosing to shield or self isolate regardless of suspension of services or in line with GP advice • managing very well without support • who have reported positive health and wellbeing outcomes • recognising there are challenges but are accepting of current restrictions and circumstances • struggling on a day to day basis with a higher risk of negative impacts and potential caring relationship breaking down or proving challenging <p>In the main individuals and carers have been supportive of the suspension of services and there has been only a small number of requests for additional support. In some situations where support has been offered by services this has been declined. There have been no formal complaints or anyone disputing the decision.</p> <p>There has been very few reported cases of Covid-19 in people with disabilities which is encouraging. There was one reported case within a building based over night short breaks service at the point of lockdown which was managed and contained in line with Public Health and Government Guidance.</p>
Insight from public / service user engagement		As above in terms of contact however we are unable to formally consult at this time due to restrictions and the accelerated pace to make emergency decisions.
Evidence of unmet need	Yes	All individuals and carers who access day support and short breaks services have individual or carer support plans in place which have identified

Evidence	Available – detail source	Comments: what does the evidence tell you about different groups who may be affected?
		needs and outcomes. At present the majority of these needs and outcomes are not being met.
Good practice guidelines	<p>Health and Social Care Standards - My Life, My Support.</p> <p>Scottish Social Services Council (SSSC)</p> <p>Scottish Government Corona Virus (Covid-19) advice and guidance documents</p>	<p>All Health and Social Care practices are governed and regulated in accordance with the Health and Social Care Standards and SSSC. These lay out clear best practice guidance, however these regulating bodies have also been required to make adjustments to their own practices, guides and regulations. Services will continue to be guided by these regulatory bodies and continue to be monitored. The Care Inspectorate have been notified by all individual registered managers of the suspension and any variations of normal services and the adjustments which have been made. It is understood that the Care Inspectorate are supportive of current practices in place and continue to offer support and guidance to managers where required.</p> <p>The Scottish Government have developed several guides detailing restrictions on daily living in line with the principles of physical distancing. Within Covid-19 – A Framework for Decision Making, the Scottish Government state, '<i>the virus has a wider impact on our health and social care services to an unprecedented degree to respond to Covid-19. That has meant the postponement of other types of care and treatment.</i>' There is wide recognition that day support and short breaks services are not identified as essential services. They cannot typically be provided in a way which is compliant with physical distancing measures without significant reconfiguration of services and impact on the volume of support which is provided. The Government set out Social Distancing Guidance on 16th March 2020 in which people with Learning Disabilities were identified generally as being at increased risk of serious illness from Covid-19. https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults</p> <p>It is widely recognised that many people with disabilities have poorer health and life expectancy</p>

Evidence	Available – detail source	Comments: what does the evidence tell you about different groups who may be affected?
		<p>outcomes than the general public. Additionally, many have dual diagnoses and chronic underlying health conditions.</p> <p>Scottish Government guidance aimed at Local Authorities, HSCP's and registered services, published on 26th March state:</p> <p>Day care centres, dementia cafes and other community group activities offer a vital service to those affected by dementia, learning disability and frailty. Many help to support carers by providing respite from caring duties.</p> <p>Day centres should now be closed if they haven't done so already. This will have a significant impact on individuals and carers who have relied on this form of support. Therefore in consultation with care managers and local authorities, service providers may want to explore ways in which they can support clients in different ways including at home. This may mean one-to-one visits, however staff should be aware that they must be vigilant about their own health and not visit clients if they feel unwell. They should prioritise only high risk individuals for support – those where they consider that there is significant carer strain, or risk of a caring situation unravelling.</p> <p>Alternatives to 1:1 care or group meetings should be considered such as online support, telephone support or video calling</p> <p>https://www.gov.scot/publications/coronavirus-covid-19-clinical-guidance-care-at-home-housing-support-and-sheltered-housing/pages/8-day-centres/</p>
Carbon emissions generated/reduced	Yes	Significantly reduced through no longer accessing any form of transportation and closure of buildings.
Environmental data	No	
Risk from cumulative impacts	Yes	Whilst day support or short breaks services are not identified as essential services, it is very clear that they play a significant role in sustaining family and unpaid carer relationships. They are

Evidence	Available – detail source	Comments: what does the evidence tell you about different groups who may be affected?
		<p>also important in supporting people to have the best life possible in line with statutory and regulatory guidance, and the Partnerships duty to provide support.</p> <p>It is likely that prolonged suspension without any interim planning of support provision will have a significantly detrimental impact on people with disabilities and their carers. This could accelerate crisis situations or placement deterioration to an unsustainable level and may also raise the volume of adult protection concerns.</p> <p>The Partnership and Service Providers are currently managing risks and responding on an individual basis, providing some supports and crisis response where needed. Where possible service providers are supporting each other to deliver the best possible support they can offer under current circumstances.</p>
Other (please specify)	No	
Additional evidence required?	No	

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

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Positive</p> <p>At the moment some supports are being maintained which are sustaining caring relationships, mitigating risks and meeting needs adequately. Some people are coping well and are achieving good outcomes. There have been reports of a reduction in incidents and less anxiety related behaviours.</p> <p>Whilst restrictions are resulting in challenges, they are ultimately in place to preserve life and minimise the wider impact on all citizens. The restrictions have resulted in positive outcomes in terms of transmission of Covid-19, for those people whose day support and short breaks services have been suspended, with a very small number of people reporting to be symptomatic or test positive for Covid-19.</p> <p>Many individuals and families recognise the risks presented and are supportive of the suspension to ensure they remain safe and well. Some individuals and families made the decision to self-isolate at an early stage.</p> <p>Negative</p> <p>The assessed needs and outcomes are currently not being met in a manner which reflects the volume of support people were in receipt of. Even though people continue to be supported in an adjusted and significantly reduced or altered way, this is clearly expected to have an impact on people's overall health and wellbeing and quality of life as the situation continues.</p> <p>Strategic outcomes for people with Learning Disabilities has been significantly impacted from the restrictions imposed due to Covid-19, which has resulted in the suspension of services . Whilst ultimately restrictions aim to preserve life and ensure a healthy life, there is recognition that the restrictions will also result in non- covid related health implications. There is national recognition that this will be the case, not only for people with disabilities but for the public in general.</p> <p>There is a recognised increase in carer stress and previously desired outcomes to ensure a break from caring are unlikely to be met.</p> <p>People with Disabilities have poorer health outcomes and shorter life expectancy. Many have dual diagnoses and underlying conditions, placing them at an increased risk of Covid-19 and non-related Covid implications.</p>	<p>Primarily people with learning disabilities and/ or physical disabilities. some may have additional protective characteristics such as age, gender and race. Carers who for the majority are middle aged or older who also may have additional protective characteristics. Most main carers are female.</p> <p>Children and/or young people who may have a caring role or be part of the family home.</p> <p>Young people in transition from school.</p> <p>People in transition to own home.</p>

<p>Environment and Sustainability including climate change emissions and impacts</p> <p>Positive</p> <p>There is a 100% reduction in transportation of people to day support and short breaks services.</p> <p>Providers of day support and short breaks provision continue to be paid for the contracted hours in recognition that they are providing elements of light touch and risk mitigation support. This also ensures sustainability for these organisations to ensure they are in a position to resume in the future.</p> <p>Negative</p> <p>Prolonged continuation of suspended services without offering some physical support is likely unsustainable and may lead to deteriorating family/ carer relationships or a crisis situation. It may also result in an increase in adult protection concerns, wider health and wellbeing consequences and significantly impact on individual's ability to be active citizens.</p>	<p>Affected populations</p> <p>Primarily people with learning disabilities and/ or physical disabilities. some may have additional protective characteristics such as age, gender and race. Carers who for the majority are middle aged or older who also may have additional protective characteristics. Most main carers are female.</p> <p>Children and/or young people who may have a caring role or be part of the family home.</p> <p>Young people in transition from school.</p> <p>People in transition to own home.</p>

<p>Economic including socio-economic disadvantage</p> <p>Positive</p> <p>Contractually providers of day support and short breaks continue to be paid, ensuring there is no disadvantage to organisations or their employees.</p> <p>There are numerous Government and local authority supports and initiatives in place to ensure organisations, businesses and people are financially supported. There are also practical supports of essential assistance to meet basic needs for those identified as the most vulnerable from severe illness.</p> <p>Negative</p> <p>Many families have only one parent who is working and those supported are in receipt of universal benefits. This may result in low income households. Additionally with the risk of Furlough and redundancy for many people, this may reduce income even further and increase carer stress.</p>	<p>Affected populations</p> <p>Primarily people with learning disabilities and/ or physical disabilities. some may have additional protective characteristics such as age, gender and race. Carers who for the majority are middle aged or older who also may have additional protective characteristics. Most main carers are female.</p> <p>Children and/or young people who may have a caring role or be part of the family home.</p> <p>Young people in transition from school.</p> <p>People in transition to own home.</p>

8. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human right, including socio-economic disadvantage, environmental and sustainability issues be addressed?

There are contracted providers within the 3rd sector as well as internal services providing day support and short breaks. Each area has responsibility to develop and implement contingency plans and will do so in collaboration with the Partnership. As the Scottish Government has highlighted physical distancing requirements are expected to continue for a prolonged period, interim planning measures require development. These will be implemented as a guide for all day support and short breaks services in Edinburgh.

All services are currently monitoring, reviewing and responding as is required, according to individual needs and in ensuring sustainability as best as possible in line with restrictions and advice. This is being monitored by Planning and Commissioning, the Partnerships internal services and when required with the support of localities. This will continue.

9. Describe 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?

Communication was made at an early stage with people who are supported and carers to discuss impact. This was carried out by conversations and followed up with written letters. Other communication tools utilised include; social stories, digital calling, easy read documents and guidance relating to Covid-19 and staying healthy, easy read letter from the Prime Minister and links to different information and support networks.

Communication continues in all of these formats in order to provide light touch supports and mitigation of risks.

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

No.

11. What, if any, actions are recommended in response to the impacts identified above? This can include keeping the proposal under review, gathering more data, or specific actions to mitigate identified impacts.

Establish appropriate supports to include phone calls, digital chat groups, sharing of information, signposting, visiting support based on Care at Home model for those who are at greatest risk from suspended services.	All services managers	Immediately upon suspension of services.	Ongoing monitoring
Collate information from 3 rd sector providers highlighting any risks or concerns and action appropriately.	Jayne Kemp Planning and Commissioning Officer	Immediately upon suspension of services.	Ongoing monitoring
Collate information from internal services highlighting any risks or concerns and action appropriately.	Emma Pemberton/ Robert Smith Care and Support Manager	Immediately upon suspension of services.	Ongoing monitoring
Collate further specific information for more accurate data on those impacted.	Jayne Kemp Planning and Commissioning Officer	15 th May	30 th May
Regular communication with everyone impacted and review outcomes.	Jayne Kemp Planning and Commissioning Officer Emma Pemberton/ Robert Smith Care and Support Manager	ongoing	30 th May or as required
Develop an interim plan with an expectation of prolonged physical distancing. This should include considerations of individual circumstances and impacts noted above; financial, cumulative impacts, carer stress, any health outcomes not being met and how to balance these impacts against Government guidance and restrictions whilst preserving life.	Mark Grierson Disability Support and Strategy Manager Emma Pemberton/ Robert Smith Care and Support Manager	8 th May	30 th May
Consult on interim plan with 3 rd Sector and develop collaborated actions.	Mark Grierson Jayne Kemp	7 th May	15 th June

12. Are there any negative impacts in section 7 for which there are no identified mitigating actions?

Returning to provide services as they were previously.

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

There will be ongoing and continued contact with individuals and families as well as other professionals. The situation will be monitored in line with Government guidance and restrictions with continual review.

14. Sign off by Head of Service

Name: Mark Grierson

Date: 30/4/20

15. Publication

Completed and signed IIAs should be sent to sarah.bryson@edinburgh.gov.uk to be published on the [IIA directory](#) on the Edinburgh Health and Social Care Partnership website.

Population groups and potential impacts**POPULATION GROUPS**

Think about how the policy or proposal could impact (positively or negatively) on the following groups.

People with protected characteristics

- 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

- Those who have low or no wealth
- Those on low income
- Those who live in areas of deprivation
- Those experiencing material deprivation
- Unemployed
- People in receipt of benefits
- Lone parents
- Vulnerable families eg 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

Geographic / other communities

- Rural/semi-rural communities
- Urban communities
- Coastal communities
- Business community

Staff

- Full-time / Part-time
- Shift workers
- Staff with protected characteristics
- Staff vulnerable to falling into poverty

POTENTIAL IMPACTS

Think about how the policy or proposal could impact (positively or negatively) on the following objectives, and how this might affect the population groups listed above in different ways:

Equality and Human Rights

- Eliminate discrimination and harassment
- Advance equality of opportunity e.g. improve access / quality of services
- 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:

- diet and nutrition,
- sexual health,
- difficulties with substance use
- physical activity
- life skills

Environmental

- Reduce greenhouse gas (GHG) emissions (including carbon management)
- Reduce need to travel and promote sustainable forms of transport
- Plan for and adapt to future climate change
- Pollution: air/ water/ soil/ noise
- Protect coastal and inland waters
- Enhance biodiversity
- Encourage resource efficiency (energy, water, materials and minerals) eg avoid single use plastic

Public Safety eg:

- minimise waste generation
- infection control
- accidental injury
- fire risk

Improve the physical environment eg:

- housing quality
- public space
- access to and quality of green space

Economic (including socio-economic)

- Improve quality of and access to services
- Reduce cost of living
- Maximise income and/or reduce income inequality
- Support local business
- 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