

## Section 4 Integrated Impact Assessment

### Summary Report Template

Each of the numbered sections below must be completed

Interim report	x	Final report	
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(Tick as appropriate)

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

Health and Social Care Partnership Grants Review

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

Currently, grants within scope of the review are mostly issued through 2 main programmes:

- the Health and Social Care main grant programme (£1,880,186) which supports services to specific service user groups, i.e. older people, carers, people with disabilities, mental health issues, and/or addictions and people with blood borne viruses.
- And the Health Inequalities Grant Programme (£1,754,573) which supports services delivering activities against four strategic objectives i.e.: enabling all adults to maximise their capabilities and have control over their lives; creating and developing healthy and sustainable places and communities; strengthening the role and impact of ill-health prevention and ensuring a healthy standard of living for all

In addition, four grants for specific purposes (£755,963) are funded through a combination of Social Justice Fund/Integrated Care Fund and Social Care Fund namely:

- Health inequalities communication
- Get up and Go

- LOOPS Hospital Discharge Project
- Third sector prevention investment fund

The new programme will focus on **Tackling Inequalities and Prevention and Early Intervention** and will have 7 priorities i.e.:

- Reducing social isolation
- Promoting healthy lifestyles
- Improving mental wellbeing
- Supported self-management
- Information and advice
- Reducing digital exclusion
- Building strong, inclusive and resilient communities

Within the overall programme there will be a small projects fund for projects under £25,000 (with a ring-fenced budget of circa £500,000) and an Innovation fund (circa £100,000 per annum)

Applications will be open to any third sector organisation and grants will be for up to 3 years.

A new application form and assessment process is currently being developed and guidance and training on this will be available to funding applicants.

Consideration will also now be given to the spread of successful applicants across the 4 localities.

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

A stakeholder working group was set up at the outset of the process and was made up of representatives from CEC Communications, Contracts, Procurement; EAHP; EVOC; Penumbra/ CCPS; EHSCP Locality Manager NW; Chief Finance Officer IJB, Strategic Planning; NHSL Health Promotion and the Community Health Initiative Forum;

Two sets of briefing sessions, open to all potential funding organisations, were held (April 2018 and June 2018). Attendance at these was good with the total number of attendances being 148.

Feedback from these was used to guide and inform the development of the new programme. (see links to reports from those events in evidence table below)

### **4. Date of IIA**

Thursday 19 July 2018

**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)**

<b>Name</b>	<b>Job Title</b>
Suzanne Lowden	Strategic Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership
Jayne Kemp	Strategic Planning and Commissioning Officer (Learning Disabilities), Edinburgh Health and Social Care Partnership
Eileen McGuire (by telephone)	Primary Care and Health Inequalities Service Manager
Janice Thomson	Member of EaRN and Chair, Multiple Sclerosis Therapy Centre Lothian
Glenis Orkisz	Member of EaRN
Kirsten Adamson (part of meeting)	Strategic Planning and Commissioning Officer (Carers), Edinburgh Health and Social Care Partnership
Liz Simpson (facilitator)	Senior Health Promotion Specialist, NHS Lothian Health Promotion Service
Sarah Bryson (facilitator)	Strategic Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership
Sally McGregor (scribe)	PA to Moira Pringle, Chief Financial Planning Officer
Kate Barlow	Public Health Practitioner for SW Edinburgh Locality, Edinburgh Health and Social Care Partnership
Smita Grant	Smita Grant, NHS Lothian, Minority Ethnic Health Inclusion Service (MEHIS)

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

<b>Evidence</b>	<b>Available?</b>	<b>Comments: what does the evidence tell you?</b>
<b>Data on populations in need:</b>		
Joint Strategic Needs assessment (JSNA) and Topic Papers:	Yes	The JSNA provides a comprehensive local picture of health and wellbeing needs in Edinburgh, using intelligence and analysis to

Evidence	Available?	Comments: what does the evidence tell you?
<p><a href="#">Joint Strategic Needs Assessment</a></p> <p><a href="#">Localities profile October 2017</a>  (PDF)</p> <p><a href="#">Health Needs of Minority Ethnic Communities 2018</a></p> <p><a href="#">Topic Paper 1: Edinburgh's Population</a></p> <p><a href="#">Topic Paper 2: Poverty</a></p> <p><a href="#">Topic Paper 3: Labour Market</a></p> <p><a href="#">Topic Paper 4: Housing</a></p> <p><a href="#">Topic Paper 5: Children and Families</a> (Topic Paper 6: Edinburgh Health Information Key)</p> <p><a href="#">Issues</a></p> <p><a href="#">Topic Paper 7: Overview of Specific Groups</a></p> <p><a href="#">Topic Paper 7.1: Older People</a></p> <p><a href="#">Topic Paper 7.2: Mental Health</a></p> <p><a href="#">Topic Paper 7.3: Disabilities</a></p>		<p>determine:</p> <ul style="list-style-type: none"> <li>• Current and future needs</li> <li>• What's working, what's not, and what could work better?</li> <li>• What are the major health inequalities and what can be done about them?</li> <li>• Unmet needs, including those of seldom-heard populations and vulnerable groups</li> </ul> <p>See papers for detailed information re populations</p>

Evidence	Available?	Comments: what does the evidence tell you?
<p><a href="#">Topic Paper 7.4: Addictions</a></p> <p><a href="#">Topic Paper 7.5: People with Complex Needs</a></p> <p><a href="#">Topic Paper 7.6: Carers</a>     <a href="#">Topic Paper 7.7: Palliative Care</a></p> <p><a href="#">Topic Paper 7.8: Blood Borne Viruses</a></p> <p><a href="#">Topic Paper 7.9: Alcohol Related Brain Damage</a></p> <p><a href="#">Topic Paper 7.10: LGBT Community</a></p> <p><a href="#">Topic Paper 8: Health and Social Care Expenditure</a></p> <p><a href="#">Topic Paper 9: Hospital Inpatient and Hospital Day Case Activity</a></p> <p><a href="#">Topic Paper 10: Scottish Patients at Risk of Readmission and Admission Cohort Analysis</a></p> <p><a href="#">Topic Paper 11: High Resource Users</a></p> <p><a href="#">Topic Paper 12: Adult Social Care Activity Profile</a></p> <p><a href="#">Topic Paper 13: Delayed Discharges</a></p>		

Evidence	Available?	Comments: what does the evidence tell you?
<p><a href="#">Topic Paper 14: Primary Care</a></p> <p><a href="#">Topic Paper 15: Third Sector</a></p> <p><a href="#">Topic Paper 16: Independent Sector</a></p> <p><a href="#">Minority Ethnic Health Needs</a></p>		
<p><b>Data on service uptake/access:</b></p> <p>Grants Review Interim Report Edinburgh Integration Joint Board – 18 May 2018 <a href="#">Item 5.7 - Grants Review Interim Report – Reports, 866.91 KB</a></p> <p>IJB Performance Report <a href="#">Annual Performance Report 2016 17</a></p> <p>Health Inequalities Evaluation Report 2016/17 <a href="#">evaluation report of the Grants Programme for 2016/ 17</a></p>	<p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>The Grants Review Interim report provides:</p> <ul style="list-style-type: none"> <li>• <b>Analysis of current grant use</b></li> <li>• <b>Identification of priorities for future funding</b></li> <li>• <b>Operation of future grant programmes</b></li> <li>• <b>Engagement with stakeholders</b></li> </ul> <p>The IJB Performance report provides a review of the progress made during the first year of operation of the Edinburgh Integration Joint Board and the Edinburgh Health and Social Care Partnership</p> <p>The report provides an overview and evaluation of the Health Inequalities grant programme.</p>
<p>Data on equality outcomes</p>	<p>no</p>	
<p><b>Research/literature evidence:</b></p> <p><a href="#">The locality improvement plans, published by the City of Edinburgh Council in December 2017</a></p> <p><a href="#">The Outline Strategic Commissioning Plans (OSCPs), agreed by the IJB in January and February</a></p>	<p>Yes</p> <p>Yes</p>	<p>Provides some clarity regarding the priorities of local communities for services under the remit of the IJB, but for CEC-provided and managed services generally</p> <p>Provides a clearer, more detailed starting point for this commissioning and influencing. These OSCP are useful reference points for the shaping of the grants programme going forward, and indeed the establishment of the</p>

Evidence	Available?	Comments: what does the evidence tell you?
<a href="#">2018</a>		reference boards to drive the next evolution of these plans, into full Strategic Commissioning Plans (SCPs) by December 2018, will provide the next level of detail and in turn will form the basis for an estimated 75-80% of the revised Strategic Plan.
<p><b>Public/patient/client experience information:</b></p> <p>Results from Health Inequalities Standard Impact Assessment Questions</p> <p>The IJB annual Performance Report also provides information on patient experience</p>	<p>Yes (contained within Evaluation Report – see above)</p> <p>Yes</p>	<p>The results show that the impact on service users was considerable with an average of 83% of service users surveyed agreeing or strongly agreeing that the service they used had brought about the intended positive impact. Further detail contained within the report.</p>
<p><b>Evidence of inclusive engagement of service users and involvement findings</b></p> <p>Engagement events held on 26 April 2018. A Survey monkey was also carried out. The results are contained within the Grants Review Interim Report Edinburgh Integration Joint Board – 18 May 2018  <a href="#">Item 5.7 - Grants Review Interim Report – Reports, 866.91 KB</a>  Further engagement session held on June</p>	<p>Yes</p> <p>Distribution and opportunity for feedback on draft reports</p> <p>?</p>	<p>See report: see feedback to Participants Report</p> <p>The findings from the engagement events are contained within the report and were used to further develop the proposals for the grant review.</p>
<p><b>Evidence of unmet need</b></p> <p>Some areas of unmet need exist and are evidenced in the various application forms</p>	<p>No</p>	<p>There has not been any collation of evidenced unmet need from the grant application forms. The ongoing development of the Strategic Commissioning Plans and the Locality Plans will give an indication of unmet needs.</p>
<p><b>Good practice guidelines:</b></p> <p>CEC Grant Process Good Practice Guidelines</p>	<p>Yes</p>	<p>Best Practice for grant management Outlines good practice for grant processes</p>
<p><b>Environmental data</b></p>	<p>No</p>	

Evidence	Available?	Comments: what does the evidence tell you?
<b>Risk from cumulative impacts</b>	no	If grants are cut, consideration should be given to cumulative effect on particular groups, local communities and also ability to leverage in additional funding. Resultant effect on other relevant services eg older people's day services registered by the Care Inspectorate and community link workers/signposting services should also be considered.
<b>Other (please specify)</b>  Review of grant programmes – report to the EIJB September 2017 Grants review, scope, methodology and timescales – report to the EIJB November 2017	Yes	Review of grant programmes – report to the EIJB September 2017 <a href="http://www.edinburgh.gov.uk/">http://www.edinburgh.gov.uk/</a>  Grants review, scope, methodology and timescales – report to the EIJB November 2017 <a href="http://www.edinburgh.gov.uk/">http://www.edinburgh.gov.uk/</a>
<b>Additional evidence required</b>		Once the grant awards are known, consideration should be given to details of any impacts on service users

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

Equality, Health and Wellbeing and Human Rights	Affected populations
<p><b>Positive</b></p> <p>A move to 3-year funding will provide continuity for organisations and staff, help reduce staff turn-over and improve planning and services.</p> <p>The proposals may have a positive impact on young people and those in middle years as it places emphasis on prevention and a long term approach to health.</p>	<p>All groups</p> <p>Young people and those in middle age</p>
<p><b>Negative</b></p> <p>There was concern that people with blood borne viruses</p>	<p>Those with mental health</p>



<p>and drug addictions; and people receiving essential mental health services could potentially be disadvantaged as the relevant services do not easily fit under the 7 new priorities</p> <p>There was a concern that organisations, particularly smaller organisations, may submit a poor application as the person completing the application form may not have the required ability, skills and knowledge. This in turn would mean that service users would not receive a service.</p> <p>There is a risk that 16 to 18 year old carers who are not in education, will slip through the net as they may not be considered as adults for this grant programme however Children and Families will no longer support them as they classify them as adults.</p> <p>Communities of interest groups for example LGBT and ethnic minority groups may be disadvantaged if the funding is allocated to localities as they provide a city-wide service. This could also be the same for other organisations, e.g. those providing services for those with autism, as often people often prefer to access support out with their local area for a variety of reasons.</p> <p>The landscape, needs, demands and services required to deliver the strategic priorities change over time and in response, new groups may form. The 3-year funding round may be problematic if new organisations miss a 3 year-round and may have to wait for up to 3 years before they can apply. It is recognised however that there may be possibilities of applying for funding through the innovation fund or to the community grant fund. Additionally, advice on other sources of funding is available.</p> <p>If organisations are unsuccessful in obtaining funding there will be a negative impact on the service users</p> <p>A high proportion of grants are currently targeted to older people (£1.7m) however the new priorities will shift the emphasis to prevention. This may result in less funding for older people and a negative impact, particularly as the</p>	<p>issues and those misusing substances</p> <p>All groups</p> <p>Young carers between the ages of 16 to 18 who are not in full time employment</p> <p>Various</p> <p>Various</p> <p>All groups</p> <p>Older people</p>
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population in the older bracket is increasing year on year.

**Environment and Sustainability**

**Positive**

The priorities of the grant programme promote healthy lifestyles and strong, inclusive and resilient communities.

**Negative**

**Affected populations**

All groups but especially those who are socially disadvantaged

**Economic**

**Positive**

The move to 3-year funding should improve the stability of employees' jobs.

The reduction of health inequalities continues to be a priority.

**Negative**

Some organisations may not be successful in their funding applications, which, particularly for those who currently receive funding through the existing grants, may result in closure of the organisation and loss of jobs. Following allocation of grants, there will be signposting for those unsuccessful but resources will prohibit individual feedback.

There is no reference to Scottish/Edinburgh Living wage and the Fair Work Framework principles in grant documentation.

**Affected populations**

All staff

All groups

- 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?**

No, service provision to be provided through grants

- 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.**

Communications will be/have been through organisations rather than individuals and if information in a specific format was/is required, then this can be supplied.

- 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.**

No

## **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.**

It is expected that the grants fund will be heavily oversubscribed and many organisations will be unsuccessful in their application. This may have a large impact on people with protected characteristics, especially for those who use services which currently get grant funding. It will not be possible to determine what the actual impact of this will be until after the decisions are known. It is suggested that a further IIA is completed once the initial proposals are made. There is however deep concern that, given the timescale, there will not be sufficient time to do an analysis of the impacts, nor make any changes which could mitigate against these.

Another major concern is that even though negative impacts are identified, there will be no option to change decisions as the budget is limited. This position will be further exacerbated if there is a cut to the grants budget which has already been reduced by 10% over the last few 3 years.

It was noted that the Strategic Commissioning Plans are not yet complete and the Strategic Plan will not be complete until April 2019. Links to the Outline Strategic Commissioning Plans should be provided in the application prospectus to allow organisations to align their work with these and further guidance regarding these should be provided as required.

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

It is recommended that consideration is given to transferring funding which is currently spent on: drug addiction services and blood borne viruses; and essential mental health services, to the relevant partnership i.e. the Drug and Alcohol Partnership and the Mental Health Public Social Partnership.

Training in completion of application forms to be provided for organisations who require it. Consideration should be given to the time of day and day of week when planning those events to try and ensure that they are as accessible as possible.

Efforts should also be included to tailor the training to those present at the events.

Guidance should ensure that carers between 16 and 18 years old who are not in full-time education are eligible for services funded through this grant programme.

Once the initial assessments are completed and the rankings are known, consideration should be given to the resultant impact which negative decisions will have on those with protected characteristics. The cumulative effect of those decisions should also be considered.

Discussion should take place with stakeholders re the inclusion of reference to the Scottish/Edinburgh Living wage and the Fair Work Framework principles in future grant documentation

## **13. Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:**

<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take them forward (name and contact details)</b>	<b>Deadline for progressing</b>	<b>Review date</b>
Consideration to be given to transferring an appropriate proportion of the funding which is currently spent on drug addiction services and blood borne viruses; and essential mental health services to the relevant partnership i.e. the Drug and Alcohol Partnership and the Mental Health Public Social Partnership.	Grant Review Steering Group in conjunction with the relevant partnerships – Moira Pringle	Dec 2018	
When putting out the dates for the training events, a mini poll should be included for those who cannot make the proposed times and dates, asking them what times of the day, week would be most convenient, although it is recognised that time and staff resource may prohibit some options.	The training sub-group – Stephanie-Anne Harris and Ian	August 2018	
Efforts should also be included to tailor the training to those present at the events	The training sub-group – Stephanie-Anne Harris and Ian		
Guidance to include that young carers between 16 and 18 years old who are not in full-time education are eligible for services funded through this grant programme.	Grant Review Steering Group – Suzanne Lowden	August 2018	
Consideration should be given to the resultant impact which negative funding decisions will have on	Grant Review Steering Group	December 2018	

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
<p>those with protected characteristics. The cumulative effect should also be considered in a further IIA once the initial assessments are completed and the rankings are known.</p> <p>Particular consideration should be given to older people's services (as the shift may be away from older people services to preventative services and also this sector is growing in numbers more than any other client group)</p>			
<p>The preferred pattern of delivery of services for communities of interest (i.e. LGBT, ethnic minority groups, learning disability groups and those with mental health conditions) are recognised and consideration is given to funding city-wide services and not solely funding these services within localities</p>	<p>Grant Review Steering Group – Suzanne Lowden</p>	<p>August 2018</p>	
<p>Links to the Outline Strategic Commissioning Plans should be provided in the application prospectus to allow organisations to align their work with these. Further guidance re these should be provided as required.</p>	<p>Grant Review Steering Group – Suzanne Lowden</p>	<p>August 2018</p>	
<p>To try and ensure appropriate distribution of spend is achieved, monitoring of collective spend and application amounts should be incorporated for collective</p>	<p>Grant Review Steering Group – Suzanne Lowden</p>	<p>August 2018</p>	

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
analysis. To achieve this a question should be included in the application form, for example, locality, client group (if applicable), theme (7 agreed), etc. This should highlight potential equality and impact issues such as one locality or theme receiving a lot more funding than another. This ought to be produced before each round of grant applications are approved, as its findings may require the grants to be revisited. For example, a locality or theme has not benefited adequately			
Discussion should take place with stakeholders re the possible inclusion of reference to the Scottish/Edinburgh Living wage and the Fair Work Framework principles in future grant documentation	Grant Review Steering group/Grant Managers Forum	March 2019	

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

A grants evaluation process is to be set up and this will be considered as part of this process.

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



**Name**

**Date 6 December 2018**

**16. Publication**

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



## Section 5 Contacts

- **East Lothian Council**

Please send a completed copy of the IIA to [equalities@eastlothian.gov.uk](mailto:equalities@eastlothian.gov.uk) and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via [http://www.eastlothian.gov.uk/info/751/equality\\_diversity\\_and\\_citizenship/835/equality\\_and\\_diversity](http://www.eastlothian.gov.uk/info/751/equality_diversity_and_citizenship/835/equality_and_diversity)

- **Midlothian Council**

Please send a completed copy of the IIA to [zoe.graham@midlothian.gov.uk](mailto:zoe.graham@midlothian.gov.uk) and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via [http://www.midlothian.gov.uk/downloads/751/equality\\_and\\_diversity](http://www.midlothian.gov.uk/downloads/751/equality_and_diversity)

- **NHS Lothian**

Completed IIAs should be forwarded to [impactassessments@nhslothian.scot.nhs.uk](mailto:impactassessments@nhslothian.scot.nhs.uk) to be published on the NHS Lothian website and available for auditing purposes. Copies of previous impact assessments are available on the NHS Lothian website under Equality and Diversity.

- **The City of Edinburgh Council**

Completed impact assessments should be forwarded to [Strategyandbusinessplanning@edinburgh.gov.uk](mailto:Strategyandbusinessplanning@edinburgh.gov.uk) to be published on the Council website.

- **City of Edinburgh Health and Social Care**

Completed and signed IIAs should be sent to Sarah Bryson at [sarah.bryson@edinburgh.gov.uk](mailto:sarah.bryson@edinburgh.gov.uk)

- **Edinburgh Integration Joint Board**

Completed and signed IIAs should be sent to Sarah Bryson at [sarah.bryson@edinburgh.gov.uk](mailto:sarah.bryson@edinburgh.gov.uk)

- **West Lothian Council**

Complete impact assessments should be forwarded to the Equalities Officer.